

# **Improvement of Victim Compensation Claims Management Process and Technology**

## **Final Report**

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## Executive Summary

### Background

From July to September 2007, Crowe Chizek and Company LLC (Crowe) engaged in a project with the Indiana Criminal Justice Institute (ICJI) to conduct an assessment of the victim compensation claims management process. The primary goal of the project was to assist ICJI in developing an improved victim compensation process by analyzing the policies, procedures and technology associated with it, and recommending ways improvements can be made in each of these specific areas.

In the initial phase of the project, teams documented current processes used by ICJI to support and pursue the victim compensation claims process. Following this phase, the teams engaged in an “Envision” phase the result of which are a set of recommendations proposing ways that ICJI can improve the Victim Compensation Claims process.

### Recommendations

In the Envision phase of the project, the Project Team participated in brainstorming sessions to identify and discuss ways in which the Victim Compensation Claims process could be improved. Feedback from the external stakeholder interviews and information from the research of best practices in other states were included in this phase. The result of the Envision phase was a set of proposed policy changes and process enhancements which are documented and described in detail in the Future Process Recommendation section of the Report. The matrices identify the impact of the changes on ICJI’s processes, proposed technology solutions, and reflects any statutory or administrative changes that may be required to implement the proposed policies or processes.

#### Policy Recommendations

Policy changes are separated into those affecting payments to victims of violent crimes and victims of sex crimes. Proposed policy changes include those which will substantially simplify the documents ICJI requires and needs to document a compensable crime has occurred in Indiana; that victim cooperation with law enforcement is occurring; and that the victim is cooperating with ICJI’s claims process. Other policy changes expand the types of offenses that will be eligible for compensation, clarify when payment can and will be made, resolve some policy issues that had been either unclear or not uniformly applied, and clarify how ICJI will interact with service providers.

#### Process Enhancements

In addition to the Policy Review sessions that were performed in the Envision phase, several other sessions were conducted to identify general enhancements to the current business processes. These enhancements represent ideas for making the business process more effective and efficient. In order to provide ICJI with the ability to quickly implement these enhancements, the process enhancements are those that do not impact the technology system currently in use by ICJI to process victim compensation claims. Any enhancements that require a new system to support the process are detailed in the System Requirements section of this report.

The recommended enhancements are described based upon how the impacted business process differs from the current business process which is affected; outlines the priority for implementing the enhancement (High – immediate, Medium – within one year, Low – greater than one year); describes the next steps for implementing the enhancement, and articulates the projected impact on technology.

An example of some of the process enhancements proposed include:

- Redesign of the violent and sex crimes application forms,
- Redesign of the acknowledgement forms used to notify victims of receipt of a claim,
- Modification of ICJI’s internal review process of applications,
- Creation of a tracking system to expedite receipt of information and claims processing status,
- Standardization of routinely used codes, statutes and diagnoses,

- Redefinition of the role of victim advocates in the claims process,
- Enhanced training, education and outreach about the claims process,
- Establishment of broader partnerships with service providers organizations and associations,
- Establishment of program metrics and evaluation of the claims process across many different criteria, and
- Creation of backlog processes designed to remedy existing backlogs and to prevent future backlogs in claims processing.

Detailed information about these process enhancements, their impact and prioritization are described in a matrix included in the Report.

### Proposed System Options

To obtain the functionality, process efficiency, and reporting capability that ICJI desires, the report recommends that ICJI should replace the existing victim compensation system. Although it is technically feasible to modify and upgrade the existing VCC database for current use, it is not recommended that ICJI expend any additional resources to prolong the life of the existing VCC database as the solution would still lack many of ICJI's functional requirements for a new system, such as online processing and alert notifications. The solution is also extremely limited in its data-sharing capabilities, so it would not facilitate ICJI's long-term vision in this area.

Based upon this recommendation, there are options which would meet the needs of ICJI and accomplish its goals of improving claim processing. Those options are discussed in detail in the Technology Recommendations section of the Report. Information about high level, order-of-magnitude costs for the options provided are contained in Appendix A: System Option Cost Estimates.

System Options include:

- Custom Web Application: A custom web application is a system in which no pre-packaged solution is used and users interact with the system via a web interface (on-line). The system would be designed to meet ICJI's required defined functionality.
- Custom Document Management System: This option is the custom web application option with document management and workflow functionality included; the result of which would be a "paperless" system. In addition to the ability to submit and manage cases via the Internet, and Internet-based reporting capability, users would be able to scan paper documents into the system, upload electronic copies of documents, and electronically route cases to other users for approval.
- Existing System from Other State / Packaged Solution: This option involves ICJI obtaining an existing system in use by another state or obtaining a packaged solution, and customizing that solution as necessary, to meet ICJI's specific requirements. This solution would require ICJI to evaluate whether the solution does or can be made to fit ICJI's business processes as well as technology requirements. This effort will also help to identify how much customization would be required to meet the business function needs of ICJI. Appendix B of the Report provides an example comparison to the Pennsylvania victim compensation system to illustrate the type of customizations that would be necessary if ICJI were to select a system from another state.

## **System Requirements**

ICJI's current victim compensation technology is a patchwork of components consisting of an Access 97 database that is performing inconsistently; an Excel spreadsheet that is limited in terms of reporting, tracking and multi-user functionality; and processes that require much manual data entry and documentation. No software vendor supports the system, and there is little technical or training documentation. This section of the Report identifies needed system requirements for a software system that will support ICJI's business functions and achieve the following goals:

- Improve efficiency of processing claims,

- Improve data quality and usability,
- Improve the accuracy and timeliness of reporting,
- Enhance data gathering and sharing, and
- Provide remote system and data access to external stakeholders, such as victims' advocates and service providers.

As part of this process, a conceptual system model was created to provide a visual representation of the future system based upon the requirements defined. The functionality of the conceptual system model is grouped into the following core components.

- Case Management: All activities involved with an application and corresponding bill(s) from time of receipt to the decision of approval or denial.
- Payment Management: All activities involved with the verification and payment of a bill for services. This component also includes updating payment records with warrant number and payment date information, and the processing of returned payments.
- Fund Management: All activities involved with maintaining the balance of the Violent Crime Victim Compensation Fund, including the tracking of expenditures and receipts.
- Reporting: All activities involved with reporting on the data that is in the system, including producing required annual Federal and State reports.
- Administration: All activities involved with maintaining the functionality of the system, such as user access and maintenance, security, and updating business logic or data field choices.

In addition to the core functionality components, the conceptual model also illustrates external integration points with the future ICJI system. Among those integration points are:

- Encompass (PeopleSoft): All payments made by ICJI are processed by the Auditor of State (AOS) in the Encompass (PeopleSoft) system. For this reason, the system must produce a payment file in a specified format that can be uploaded into PeopleSoft for processing.
- Diagnosis / Procedure Codes: All medical bills received for services rendered to the victim have a diagnosis or procedure code to indicate the service that was performed. ICJI would like to synchronize these codes in the future system with an official master set of codes (from a source to be determined) to assist in ensuring that the services rendered are valid.
- Document Scanning: If the new system includes scanning paper documents into the system, there must be integration to the document management component.
- Social Security Records: ICJI would like to integrate with Social Security information to validate the combination of name and social security number received on an application.

### Functional Requirements

The Report contains a detailed table of functional requirements that have been grouped based upon the core components of the conceptual system model for the Victim Compensation process. In addition to defining the requirement, an indication as to whether the requirement is a "Must Have" or "Nice to Have" has been provided. A "Must Have" requirement must be present in a new system. A "Nice to Have" requirement is a feature that ICJI would like to have, but could function without, if necessary.

High level functional requirement categories include:

- Case Management – Functional requirements are defined for Application Entry; Bill Entry; Case Review and investigation, Alerts and notifications and Volume.
- Payment Management – Functional requirements are defined for payment data entry, modification, verification, processing and reporting.
- Fund Management – Functional requirements are defined to ensure ease of fund balance updating and reporting.
- Collections – Functional requirements are defined to facilitate and track sources such as subrogation, restitution, punitive damages and integration with any other databases to facilitate collection.



- Reporting and Metrics – Functional requirements are defined to facilitate documentation of selected metrics and required federal, state and internal requirements.
- Administration – Functional requirements here support administrative processes including Users, Security, Data Field Choices, Audit Trail, Publishing, Knowledge Repository and Help.
- Technical Architecture – Functional requirements here define system compliance, platforms, interfaces, validation and availability.
- Data Conversion – Requirements here include converting data existing in the Excel and Access databases currently in use.

## **Implementation Plan**

In order to assist ICJI in planning for a new system implementation, this section of the Report discusses implementation considerations, regardless of the chosen system option. This takes into account 'best practice' processes and procedures for a system implementation that should be followed to ensure a new system is implemented right. In this section, implementation phases and activities are described at a high-level.

### Current Environment

This section of the Report describes the current business processes which were documented in the form of process diagrams with detailed narratives of the victim compensation business process following interviews with external stakeholders; research conducted of the best practices occurring in other states in the area of victim compensation; review of the Federal guidelines to determine what requirements must be followed and what latitude ICJI has to modify the claims process; review of applicable Indiana Statutes and Administrative Code Citations to determine what requirements must be followed and what latitude ICJI has to modify the claims process; and assessment of the current technical environment to understand the issues and limitations of ICJI's processing system.

The processes analyzed included:

- Applications
- Claims Processing
- Payment

### External Stakeholder Interviews

As part of the analysis of the current environment a series of interviews with External Stakeholders of the Victim Compensation Claims Process around the state were conducted. These interviews outlined the experience of service providers, funeral home directors, independent service providers and advocacy group stakeholders in working with ICJI in the VCC process. From those interviews, a group of common themes was identified in order to assist ICJI in assessing where the strengths were and where weaknesses existed that require process changes. Common themes identified included:

- Timely notification of approvals and denials,
- Inability to determine status of applications and/or bills,
- Inability of ICJI to apply eligibility criteria, and
- Inability to pay service providers

### Best Practice Research

To facilitate the definition and creation of an improved future process for ICJI, research was performed to identify some of the best practices that are working for Victim Compensation programs around the country. In addition to contacting the Director of the National Association of Crime Victim Compensation Boards (NACVCB) to obtaining assessment of current best practices, a list of states employing such best practices was provided.

Of the states mentioned, contact was made with the directors of the Victim Compensation programs in New Mexico, Minnesota, Iowa, Wisconsin, Pennsylvania, and Florida to ask a series of questions. The questions and



the information gained from these interviews are described in more detail in the Report and in Appendix E: Best Practice Research. The common important themes discovered across all programs were:

- System improvements
- Outreach, education and training
- Reduce process inefficiencies
- Adequate staffing
- Technical system support

### Federal Guideline Review

In order to validate existing ICJI policies, a review of the Federal Register Guidelines posted by the Office of Victim Compensation (OVC) and the State Victim Compensation Statutes and the Indiana Administrative Code on Victim Compensation was performed. For every Federal Guideline, a comparison of the applicable state statute, administrative code, and ICJI policy was performed. Any gaps between the Federal Guideline and the statute, code, and policy were noted in a matrix that is contained in Appendix F: Federal Guideline Review.

Central areas of focus of this review were the extent to which Indiana State Statutes, Indiana Administrative Code, and ICJI policy comport with the Federal Register Guidelines. In many cases where the Federal Guidelines mandate an action, the Indiana State statute generally refers to and complies with that action. In cases where a gap exists, it is filled by the Indiana Administrative Code. In the event that both the Code and the Statute are silent, ICJI policy complies with the Federal Guideline. Exceptions were found in a few areas which are currently being evaluated by ICJI.

The review also identified areas where the Federal Register is filled with recommendations for consideration by state victim compensation programs. Many of these recommendations concern new types of crimes and compensable expenses that states should consider as they create policy and propose new state legislation. These recommendations are not binding and serve only as advisory guidelines; however they point toward the new direction of victim compensation programs across the country. Comparison of these recommendations to Indiana State Statute, Administrative Code and ICJI policy indicates that ICJI is unable to follow many of these recommendations because they would require legislative changes to both the Indiana State Statute and the Indiana Administrative Code. In response, ICJI has previously proposed some legislative changes, and is considering others in the future.

### Technology Assessment

The final piece of the assessment of the current environment involved a technical assessment of the current Victims Compensation Claims Management Payment System (VCC) application. The assessment analyzed and documented the issues in the areas of Platform, Extensibility, Data Model, Data Quality, Usability, Support of Business functions, Performance, and Security. This information obtained in this assessment is included in Appendix G: Technical Assessment, and it contributed to formulating recommendations for ICJI.

Key technology issues identified from this assessment included:

- The MS Access application is an older version that is no longer supported by the vendor.
- Inconsistent methods are being used to store the claims received after November 2005.
- Information is stored in multiple places and formats.
- The application is required to be installed on an individual user's machine before it can be used. If the application is updated, the update needs to be installed on every user's machine.
- No disaster recovery plans are in place.
- No exposed application programming interfaces (API) exist for integrations.
- Inconsistent designs exist for the data model across modules.



- The application allows data entry without appropriate validations.
- The user maintenance functions within VCC are working inconsistently.
- Proper user training and user documentation are lacking.



## Document Organization

This Final Report document is organized in the following order:

- Recommendations – Because the primary objective of the project was to define the process and technology recommendations to facilitate the improvement of victim compensation, the body of the report begins with the Recommendations section.
- System Requirements – This section details the functional requirements that the ICJI Project Team defined for an improved victim compensation system. These functional requirements are characteristics that should be in a technology solution in order for ICJI to gain efficiencies in processing and paying claims. This does not mean these characteristics exist in the system that is used today.
- Implementation Plan – This section provides the guidance for planning for the implementation of a new system.
- Current Environment – This section summarizes the activities conducted to understand ICJI's current process and system environment. The results of these activities provided the support upon which the recommendations were based.



## Recommendations

ICJI is seeking to improve its current victim compensation process and the technology used to support that process. In doing so, ICJI could realize such benefits as enhanced fund management, expedited processing and payment of claims, enriched relationships with external stakeholders, and increased opportunities to exchange data with external entities. The following section details the recommendations for an improved process and technology solution.

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### Future Process Recommendation

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In the Envision phase of the project, the Project Team participated in brainstorming sessions to identify and discuss ways in which the Victim Compensation Claims process could be improved. Feedback from the external stakeholder interviews and information from the research of best practices in other states was factored into this endeavor.

The Envision phase resulted in policy changes and process enhancements that are recommendations to implement as a part of the current Victim Compensation Claims process. This section details those changes and enhancements. In the matrix is a column labeled “Impacted Business Process.” Based upon the value in this column, it is identified how the change/enhancement applies to the Victim Compensation Claims process.

### Policy Change Recommendations

The following tables (separated into Violent Crime and Sex Crime categories) detail the list of policy change questions and the agreed upon answers/policy changes that were considered and discussed during the Policy Review envision sessions. Through these sessions, the focus of the team was to (1) ensure that ICJI's policies are in compliance with Federal and State regulations, (2) determine if a change is needed in the State statute to comply with Federal regulations, and (3) determine if ICJI's current policies exceed what is required statutorily, resulting in the potential for making the current victim compensation process more cumbersome.

In the tables, the policy question and proposed change are listed, in addition to whether a change to the Indiana Code would be required to bring the policy change into compliance with Federal law; what process from the current business process is impacted; and what the impact would be on current and future technology used to support the process.



## Violent Crime

	Policy Question	Proposed Policy Change	Does The Policy Change Require A Statute Change	Impacted Business Process	Impact on Technology
1	What will be necessary to document a compensable violent crime occurred in Indiana?	ICJI will use the police report and the probable cause affidavit to document that the compensable crime occurred in Indiana.	No	Investigation Process	None
2	What will be necessary to document cooperation with Law Enforcement?	ICJI will use a set of objective criteria to examine cooperation with law enforcement. These Criteria include (All, if applicable): i. File Police Report ii. Participate Photo ID of Assailant iii. Participate In Identification Lineup iv. Provide a Statement v. Deposition or Meeting with Prosecutor and/or Defense Counsel vi. Filed Civil Litigation vii. Other Pre-trial Hearings viii. Trial An answer of no to any of these criteria may result in a denial unless there are changes in circumstances in accordance with IC 5-2-6.1-20	No	Investigation Process	In ICJI's new system, these criteria will create a set of business rules for which Yes/No or "N/A" (In this field N/A would represent a stage that did not apply to the victim or did not arise in the process) answers can follow. These answers would be built into the business rules of new system to not allow any forward movement without full cooperation unless change in circumstances in accordance with IC 5-2-6.1-20. If there is a change in circumstances the system must allow a drop-down field that clarifies the change and allows the system to track those situations.
3	What will be necessary to document cooperation with ICJI on a violent crime application?	Identification: One of the following in this list shall apply, unless special circumstances are found to apply. 1. Drivers License 2. State Issued Identification 3. Passport 4. Military Identification 5. Birth Certificate 6. Visa 7. Social Security Card 8. Signed Affidavit from Guardian in the instance of a child. a. Further Proof Necessary for Guardian/Parent to include custodial paperwork, or petitioning for guardianship.	No	Investigation Process	In the new system, business rules would apply when the victim/claimant provides one of these in the list, the claims analysts will be able to proceed with processing the application. Business rules should allow for more than one submission of identification sources in the cases that there are more available or that special circumstances apply.



	Policy Question	Proposed Policy Change	Does The Policy Change Require A Statute Change	Impacted Business Process	Impact on Technology
4	Under what circumstances will ICJI send back an application that is incomplete on a violent crime application?	<ul style="list-style-type: none"> <li>• ICJI will not mail application back to Victim/Claimant unless a signature is needed.</li> <li>• ICJI will first coordinate with advocate to inform them of the information that is missing.</li> <li>• ICJI will initiate communication through email. If email isn't available, telephone communication would be the next alternative.</li> <li>• If there is any documentation that is mailed back, it will go to the Victim Advocate (only if the Victim Advocate submitted the application for the Victim).</li> <li>• Communication with Victim/Claimant or Provider will be by email (if possible), then phone and then if no response, by mail.</li> </ul>	No	Application Review Process	Notifications in the system will inform claim analysts that things are missing, and automatically email Victim Advocates or Victims when documentation is needed. In the event that email is not available, and there is no phone contact, the system will automatically create appropriate letters to go to victim advocate, victim/claimant and service providers.
5	Currently, ICJI complies with Indiana Statute IC 5-26.1-17 and 203 IAC 1-1-9 "Awards", in regard to its use of the 48 hour reporting requirement for police. The OVC publication "New Direction from the Field" suggests the reporting requirement to be 72 hours or above.	<ul style="list-style-type: none"> <li>• ICJI proposes that they follow the OVC recommendation found in the "New Direction from the Field" bulletin (Chapter 14, "Compensation Recommendation from the Field #5").</li> <li>• After review of the "New Direction from the Field" bulletin, the OVC suggests such reporting requirement in many special cases to include sexual abuse/assault claims</li> </ul>	Yes, IC 5-2-6.1-17 Requirements for compensation 203 IAC 1-1-9 Awards	Investigation Process	Built into the business rules will be a determination of timeliness of application.
6	Should ICJI accept claims where there is mental trauma but no physical injury as a result of the violent crime? (e.g. crisis counseling?)	ICJI proposes that mental trauma should be covered in order to be consistent with the Federal Register recommendations on non-violent injuries mentioned in the Preamble and section IV.B.1(b) of the OVC Guidelines.	Yes, IC 5-2-6.1-7 Victim, IC 5-2-6.1-21 Compensable losses, 203 IAC 1-1-9 Awards	Investigation Process	Would simply affect business rules in place for compensable crime types.



	Policy Question	Proposed Policy Change	Does The Policy Change Require A Statute Change	Impacted Business Process	Impact on Technology
7	Should ICJI consider "compensable crimes" to be those crimes involving threat, and not just physical injury?	ICJI proposes that crimes involving threat, not just physical injury, should be covered in order to be consistent with the Federal Register recommendations on non-violent injuries mentioned in the Preamble and section IV.B.1(b) of the OVC Guidelines.	Yes, IC 5-2-6.1-7Victim, IC 16-21-8-0.9"Victim"(Sex), IC 5-2-6.1-21Compensable losses, 203 IAC 1-1-9 Awards, 203 IAC 1-2-2 Application for reimbursement; information required, 203 IAC 1-2-3 Covered services	Investigation Process	Would simply affect business rules in place for compensable crime types.
8	Should ICJI accept Economic Crime applications?	ICJI proposes that Economic Crime Applications should be covered in order to be consistent with the Federal Register recommendations on economic injuries mentioned in the Preamble and section IV.B.2(b)10 of the OVC Guidelines.	Yes, IC 5-2-6.1-7 Victim	Investigation Process	A new system would need to have business rules in place for not only violent and sex crimes, but also economic crime.
9	In the future, how can ICJI ensure medical service providers release information past the 60-day release form signed by the victim?	<ul style="list-style-type: none"> <li>• ICJI will seek to have all requests for information done within 60 days.</li> <li>• If there are extenuating circumstances, where the request comes after 60 days, ICJI will create an agreement with outside stakeholders to allow them access to needed information.</li> </ul>	No	Investigation Process	To ensure that information requests are done within 60 days, ICJI's system will include alerts that notify when the 60 day limit is approaching, and automatically create letters to go to service providers once that 60 day limit has passed.
10	If there is civil litigation, should ICJI wait to pay a claim?	<ul style="list-style-type: none"> <li>• ICJI proposes that they shouldn't wait to pay. They will now include subrogation, restitution, and recovery clauses in the application to enhance the recovery effort and allow them to pay more quickly.</li> <li>• Best Practice states, which include Florida, Penn, Iowa, don't wait for the conclusion of civil litigation. They pay immediately. However, each of these states has excellent collection and recovery efforts on the back-end to support this policy.</li> </ul>	No	Payment Process	ICJI's new system should contain fields that identify civil litigation and that an outcome is pending. The same field should exist for restitution. This field should be monitored by those responsible for recovery. Also, a shared interface with JTAC (Indiana Supreme Court Judicial Technology and Automation Committee) would be helpful, where when the result of a civil case is posted, ICJI could be alerted.



	Policy Question	Proposed Policy Change	Does The Policy Change Require A Statute Change	Impacted Business Process	Impact on Technology
11	In the future, in what manner should ICJI "approve" an application, without being obligated to pay within the timeline required by statute?	<ul style="list-style-type: none"> <li>• Create a new status for applications, for example "Approved Application, Payment Delayed"</li> <li>• This requires a change in application approval letters to tell victims/ service providers that the claim is approved, yet it cannot be paid.</li> <li>• Victims/providers will understand their status and why no payment is imminent.</li> <li>• Statutory change is another possibility.</li> </ul>	Possibly, IC 5-2-6.1-43 Computation and payment of awards	Investigation Process	ICJI's new system should contain a fund balance tracker that notifies claims analysts and supervisors of what funds are available for payment. Next, the system must put these claims that are eligible for payment, but no funds exist to pay them, in a separate category. The system can automatically send these claims along for payment once the fund balance is sufficient to pay. The letter's automatically created by the system that notify victim/claimant's and service providers of this status should reflect the fund balance restriction.
12	Once ICJI becomes current in regard to claims processing, if a violent crime application that has been previously approved has a subsequent bill that is received by ICJI, how long should ICJI wait to pay.	The ICJI policy will be consistent with IC 5-2-6.1-43 Computation and Payment of Awards.	No	Payment Process	The new database system must be able to calculate the date of final award and alert users of when payments are due to victim/claimant or service provider.
13	Should ICJI wait until they know if there will be restitution before they pay an award?	<ul style="list-style-type: none"> <li>• Due to time constraints, ICJI proposes that they cannot wait for restitution.</li> <li>• They will now include subrogation, restitution, and recovery clauses in the application to enhance the recovery effort and allow them to pay more quickly.</li> <li>• ICJI will also create a restitution order that can be signed by a judge to ensure knowledge of ICJI's claim to restitution is documented in the court file.</li> </ul>	No	Payment Process	ICJI's new system should contain fields that identify civil litigation and that an outcome is pending. The same field should exist for restitution. This field should be monitored by those responsible for recovery.
14	In the new system, should ICJI "net" payments to a provider? For example, ICJI overpaid Wishard \$200. ICJI now owes Wishard \$500. Should they just send a payment to Wishard for \$300?	The State Board of Accounts has declared net payments as acceptable if ICJI chooses to so. (Per the email on 9/5/07 to William Lantz from Michael Hoose, Supervisor with SBA.)	No	Payment Process	The method of net payments will have significant effects on ICJI's new system. The system would have to account for the net payment and attribute the correct paid amounts to the correct claims. Business rule creation may be complex for this method of payment.





	Policy Question	Proposed Policy Change	Does The Policy Change Require A Statute Change	Impacted Business Process	Impact on Technology
15	By statute, ICJI cannot make a payment until the criminal investigation is substantially complete? What does substantially complete mean to ICJI?	Substantially complete means between 24-48 hours, which is the statutorily mandated time to conduct the probable cause hearing according to the criminal code (not the victims compensation statute).	No	Investigation Process	None
16	What is the policy for making emergency payments?	<ul style="list-style-type: none"> <li>• There are two criteria for an emergency payment: The victim must suffer severe financial hardship absent the payment being made, and it must likely that the claim will be approved. If these criteria are met, emergency payments may be made.</li> <li>• In order to process emergency payments more efficiently, ICJI will create a separate emergency payment process.</li> </ul>	No	Payment Process	The new system should be able to track emergency payments.
17	If a hospital or service provider wrote off an amount, should that amount be counted against the \$15,000 maximum award?	According to Indiana statute, IC 5-2-6.1-32 Reduction of Awards; Other Conditions, service provider write-offs are not a listed reason for the reduction of award.	No	Investigation Process	None
18	ICJI does not send approval letters because it does not want to be held responsible to pay if subsequent information to cause a denial is found before a claim is actually paid. Should ICJI send approval letters?	ICJI will consider sending approval letters that contain language that says the claim is eligible for payment, barring some change in circumstances or lack of cooperation, and that payment is contingent upon funds being available.	No	Investigation Process	The new system should be able to automatically create letters and emails that will contain this language.
19	What is the policy on denying applications due to information requests from the following not being returned within 30 days? Police Prosecutors Service Provider	<ul style="list-style-type: none"> <li>• ICJI will not deny claims due to lack of cooperation from Police, Prosecutor and Service Providers</li> <li>• ICJI will use powers under IC 5-2-6.1-11, Powers of Division, to subpoena all information needed to file a claim if necessary.</li> </ul>	No	Investigation Process	The business rules within ICJI's system will need to allow some flexibility on requests for information, so that applications are not automatically denied due to slow response on requests for information. Further, the system must give the flexibility to allow for future legislative changes regarding violent crime applications.





## Sex Crime

	Policy Question	Proposed Policy Change	Does The Policy Change Require A Statute Change	Impacted Business Process	Impact on Technology
1	What will be necessary to document a compensable sex crime occurred in Indiana?	In the event of a sexual assault, ICJI will require proof of the completion of a medical evidentiary examination, such as medical reports, x-rays, medical photographs, and other clinical assessments as evidence of that a compensable crime occurred in Indiana.	No	Investigation Process	None
2	What will be necessary to document a compensable crime occurred in Indiana? (cont'd)	In the case of a child or a vulnerable adult, ICJI will require a crime report to law enforcement or to a child or adult protective services agency from a mandated reporter or other person knowledgeable about the crime;	No	Investigation Process	None
3	What is required in the event that a victim submits a sex crime application instead of the provider?	Identification: One of the following in this list shall apply, unless special circumstances apply. 1. Drivers License 2. State Issued Identification 3. Passport 4. Military Identification 5. Birth Certificate 6. Visa 7. Social Security Card 8. Signed Affidavit from Guardian in the instance of a child. a. Further Proof Necessary for Guardian/Parent to include custodial paperwork, or petitioning for guardianship.	No	Investigation Process	In the new system, business rules would apply when the victim/claimant provides one of these in the list, the claims analysts will be able to proceed with processing the application. Business rules should allow for more than one submission of identification sources in the cases that there are more available or that special circumstances apply. The new system should be able to cross check for duplicate claims submitted by both the victim and provider.



	Policy Question	Proposed Policy Change	Does The Policy Change Require A Statute Change	Impacted Business Process	Impact on Technology
4	Under what circumstances will ICJI send back a sex crimes application that is incomplete?	<ul style="list-style-type: none"> <li>• ICJI will not mail application back to Victim/Claimant unless a signature is needed.</li> <li>• ICJI will need to first coordinate with the Victim advocate to inform them of the information that is missing.</li> <li>• ICJI will initiate communication through email. If email isn't available, telephone communication will be the next alternative.</li> <li>• If there is any documentation that is mailed back, it will go to the Victim Advocate (only if the Victim Advocate submitted the application for the Victim).</li> <li>• Communication with Victim/Claimant or Provider will be by email (if possible), then phone and then if no response, then by mail.</li> </ul>	No	Investigation Process	Notifications in the system will inform claim analysts that things are missing, and automatically email Victim Advocates or Victims when documentation is needed. In the event that email is not available, and there is no phone contact, the system will automatically create appropriate letters to go to victim advocate, victim/claimant and service providers.
5	Should ICJI consider "compensable crimes" to be those crimes involving threat or attempt, and not just physical injury?	ICJI proposes that crimes involving threat or attempt, not necessarily just physical injury, should indeed be covered in order to be consistent with the Federal Register recommendations on non-violent injuries mentioned in the Preamble and section IV.B.1(b) of the OVC Guidelines.	Yes, IC 5-2-6.1-7 Victim, IC 16-21-8-0.9 "Victim"(Sex), IC 5-2-6.1-21 Compensable losses, 203 IAC 1-1-9 Awards, 203 IAC 1-2-2 Application for reimbursement; information required, 203 IAC 1-2-3 Covered services	Application Review	Would simply affect business rules in place for compensable crime types.
6	In the future, how can ICJI compel medical service providers to release information past the 60-day release form signed by the victim?	<ul style="list-style-type: none"> <li>• ICJI will seek to have all requests for information completed within 60 days.</li> <li>• If there are extenuating circumstances, where the request comes after 60 days, ICJI should create an agreement with outside stakeholders to allow them access to needed information.</li> </ul>	No	Investigation Process	To ensure that information requests are done within 60 days, ICJI's system will include alerts that notify when the 60 day limit is approaching, and automatically create letters to go to service providers once that 60 day limit has passed.



	Policy Question	Proposed Policy Change	Does The Policy Change Require A Statute Change	Impacted Business Process	Impact on Technology
7	How can ICJI handle applications that can be approved but cannot be paid within the timeline required by statute due to the unavailability of funds?	<ul style="list-style-type: none"> <li>• Create a new status for applications, for example "Approved Application, Payment Delayed"</li> <li>• This requires a change in application approval letters to tell victims/ service providers that the claim is approved, yet it cannot be paid upon.</li> <li>• This will allow victims/providers to understand their status and why no payment is imminent.</li> <li>• Statutory change is another possibility</li> </ul>	Possibly, IC 5-2-6.1-43 Computation and payment of awards	Payment Process	ICJI's new system should contain a fund balance tracker that notifies claims analysts and supervisors of what funds are available for payment. Next, the system must put these claims that are eligible for payment, but no funds exist to pay them, in a separate category. The system can automatically send these claims along for payment once the fund balance is sufficient to pay. The letter's automatically created by the system that notify victim/claimant's and service providers of this status should reflect the fund balance restriction.
8	Once ICJI gets current in regards to claims processing- if a sex crime application that has been previously approved has a subsequent bill that is received by ICJI, how long will ICJI wait to pay?	Policy will be consistent with IC 5-2-6.1-43 Computation and Payment of Awards.	No	Investigation Process	The new database system must be able to calculate the date of final award and alert users of when payments are due to victim/claimant or service provider.
9	How should ICJI ensure that the ability to secure restitution?	<ul style="list-style-type: none"> <li>• They will now include subrogation, restitution, and recovery clauses in the application to bolster the recovery effort and allow them to pay quickly, more comfortably.</li> <li>• ICJI will also create a restitution order that can be signed by a judge to insure his knowledge of ICJI's claim to restitution.</li> </ul>	No	Payment Process	ICJI's new system should contain fields that identify civil litigation and that an outcome is pending. The same field should exist for restitution. This field should be monitored by those responsible for recovery.
10	In the new system, should ICJI "net" payments to a provider? For example, ICJI overpaid Wishard \$200. ICJI now owes Wishard \$500. Should they just send a payment to Wishard for \$300?	The State Board of Accounts has declared net payments as acceptable if ICJI chooses to so. (Per the email on 9/5/07 to William Lantz from Michael Hoose, Supervisor with SBA.)	No	Payment Process	The method of net payments will have significant effects on ICJI's new system. The system would have to account for the net payment and attribute the correct paid amounts to the correct claims. Business rule creation may be complex for this method of payment.



	Policy Question	Proposed Policy Change	Does The Policy Change Require A Statute Change	Impacted Business Process	Impact on Technology
11	<p>What is the policy for making emergency payments?</p> <p>Note: Any treatment resulting from a sex crime that would require payment by the victim (and prompt an emergency payment by ICJI) would be handled through the violent crime compensation process.</p>	<ul style="list-style-type: none"> <li>• In the event that an emergency payment would occur, there are two criteria to an emergency payment- the victim must suffer severe financial hardship, and it is likely that the claim will be approved. If these criteria are met, emergency payments may be made.</li> <li>• In order to process emergency payments more efficiently, ICJI may create a separate emergency payment process.</li> </ul>	No	Investigation Process	ICJI's new system would have to account for the emergency payment, and subtract it from the rest of the victim's award. It would also need to account for the payment from whatever fund is used to pay the amount. The payment of emergency funds is still a "fuzzy" topic because ICJI must determine what funds will be used to pay the emergency awards and who will have check writing authority for them. The system should be able to track emergency payments.
12	<p>ICJI no longer send approval letters because they do not want to be held responsible to pay if they learn information to cause a denial before a claim is actually paid. What should they do in the future?</p>	ICJI will explore approval letters that contain language that says the claim is eligible for payment, barring some change in circumstances, lack of cooperation and if funds are available for payment.	No	Payment Process	The new system should be able to automatically create letters and emails that will contain this language.
13	<p>What is the policy on denying applications due to information requests from the Service Provider not being returned within 30 days?</p>	<ul style="list-style-type: none"> <li>• ICJI will not deny claims due to delay in receiving information from Service Providers.</li> <li>• ICJI will use powers under IC 5-2-6.1-11 Powers of Division, to subpoena all information needed to file a claim if necessary.</li> </ul>	No	Investigation Process	The business rules within ICJI's system will need to allow some flexibility on requests for information, so that applications are not automatically denied due to slow response on requests for information. Further, the system must give the flexibility to allow for future legislative changes regarding violent crime applications.



## Process Enhancements

In addition to the Policy Review that was performed in the Envision phase, several other sessions were conducted to identify general enhancements to the current business process. These enhancements are not tied to any specific statutory or administrative guidelines. They represent ideas for making the business process more effective and efficient. These enhancements also do not impact the technology system currently in use by ICJI to process victim compensation claims; therefore, these enhancements could be implemented immediately without the need to wait until the implementation of a new system. Any enhancements that require a new system to support the process are detailed in the System Requirements section of this report.

The following table details the recommended enhancements, the impacted business process from the current business process which is affected, the priority for implementing the enhancement (High – immediate, Medium – within one year, Low – greater than one year), the next steps for implementing the enhancement, and the projected impact on technology (i.e. a new system).



	Envision Session	Enhancement	Impacted Business Process	Priority	Next Steps	Impact on Technology
1	Sex Crime Process, Violent Crime Process	<p>Redesign the sex crime and violent crime compensation applications.</p> <p>Currently, 9 out of 10 applications are returned to applicants because they are incorrect or incomplete. In an effort to mitigate this issue, ICJI will redesign the compensation applications for sex and violent crimes to accomplish multiple goals:</p> <p>(1) The application layout will be user-friendly and only request required information.</p> <p>(2) A section will be added to specifically ask the applicant what they are requesting (medical bills, funeral, loss of support, etc.)</p> <p>(3) Based upon best practices in other states such as Florida and Pennsylvania, language will be added to the application to outline a restitution and subrogation clause.</p>	Application Review	High	<ul style="list-style-type: none"> <li>An attempt was made a few years ago to redesign the application, but it was never submitted for official approval. This application will be used as a starting point.</li> <li>ICJI will review current applications from other states and current Office of Justice Programs standards.</li> <li>Once application is approved within ICJI, will work with the Indiana Commission on Public Records to obtain approval.</li> <li>ICJI would like to accomplish this by the end of calendar year 2007.</li> </ul>	The new system will use the redesigned application. Also, the system will not allow an application to be submitted unless all required fields have been completed.
2	Sex Crime Process, Violent Crime Process	<p>Send acknowledgement when application is received.</p> <p>Based upon the feedback from the external stakeholder interviews, all interviewees indicated that they did not like the fact that they never received any notification from ICJI about submitted applications. For this reason, ICJI will now send a letter to provide this notification.</p>	Application Review	High	ICJI has already implemented this enhancement for violent crime applications as of the time of this report. Approval of the letter for sex crime applications is currently in process.	New system will automatically issue an acknowledgement upon successful submission of an application.
3	Sex Crime Process, Violent Crime Process	Send assigned case number with application acknowledgement.	Application Review	High	ICJI has already implemented this enhancement for violent crime applications as of the time of this report. Approval of the letter for sex crime applications is currently in process.	New system will automatically assign and provide notification of case number upon successful submission of an application.





	Envision Session	Enhancement	Impacted Business Process	Priority	Next Steps	Impact on Technology
4	Sex Crime process, Violent Crime process	Eliminate the initial application review by the Supervisor. Instead, the Receptionist (whoever opens mail) separates the applications by type and delivers to the appropriate claims analyst.	Application Review	Low	This enhancement will be re-visited at a later date to determine if it will be implemented.	None
5	Sex Crime process / Violent Crime process	Use Task List in Outlook to track due dates of information requests	Application Review	Medium	ICJI agrees that this is a good solution for the date tracking issue until a new system is implemented, but felt that it is not a feasible solution until additional claims analysts are hired to ease the workload. The concern is that claims analysts do not have enough time to enter the actual claims and create tracking records in a separate tool.	New system will provide tracking functionality for information requests with alerts.
6	Sex Crime process / Violent Crime process	If application is incomplete, call to obtain information. If information is not received within 2 days, send request by letter (30-day time limit begins). After 35 days, deny. ICJI felt an additional 5 days was needed before denial to allow for mail delays.	Application Review	High	Implement as part of business process.	New system will not allow an incomplete application to be submitted.  New system will assist in tracking information requests.
7	Sex Crime process / Violent Crime process	A checklist will be created to assist in approving applications.	Application Review	High	Victims Compensation Supervisor to create the checklist for the Claims Analysts to use.  ICJI would like to accomplish this by the end of September, 2007.	New system will contain the approval checklist and not allow approval of an application until all items on the checklist have been satisfied.
8	Sex Crime process / Violent Crime process	Create standard list of covered diagnosis codes.	Investigation	High	ICJI currently has a list for sex crime cases. It is believed that this enhancement would be too difficult to do manually for violent crime cases.	New system will perform consistency checks on diagnosis codes.
9	Sex Crime process / Violent Crime process	Create standard list of covered prescriptions.	Investigation	High	ICJI currently has a list for sex crime cases. It is believed that this enhancement would be too difficult to do manually for violent crime cases.	New system will perform consistency checks on prescriptions.



	Envision Session	Enhancement	Impacted Business Process	Priority	Next Steps	Impact on Technology
10	Violent Crime process	Role of Victim Advocates in the claims process to be increased. ICJI would like all violent crime applications to be submitted by victim advocates in the future and have all interaction be between the advocate and ICJI.	All	High	<ul style="list-style-type: none"> <li>Create the plan for victim advocates.</li> <li>Work with VOCA sub-grantees to require advocate training and cooperation.</li> </ul>	None
11	Violent Crime process	If an application is approved, but a bill/line item is denied, send denial letter to inform of right to appeal	Investigation	High	Develop letter that can be sent.	New system will generate the letter when a bill/line item is denied.
12	Sex Crime process / Violent Crime process	Increase frequency of payments	Payment	High	At this time of this report, ICJI had already increased its frequency of payments to more than once a month.	New system will be able to generate payments on demand.
13	Sex Crime process / Violent Crime process	Provide summary of what was and was not paid, when applicable	Payment	Medium	ICJI is already doing this for sex claims, but feels that it is not possible to do it manually for violent claims.	New system will provide payment summaries to detail what was/was not paid.
14	Education and Outreach	Work with professional organizations to educate on ICJI. Present at conferences, etc.	n/a	Medium	ICJI is planning to hire a trainer for victim's compensation. This enhancement will become a responsibility of that resource.	None
15	Education and Outreach	Provide training on Victim Compensation as a part of the VOCA training	n/a	Medium	ICJI is planning to hire a trainer for victim's compensation. This enhancement will become a responsibility of that resource.	None
16	Education and Outreach	Determine outreach approach for all of the following: victims' advocates, police departments, prosecutors, churches, college campuses, high schools, school corporations	n/a	Medium	ICJI is planning to hire a trainer for victim's compensation. This enhancement will become a responsibility of that resource.	None
17	Education and Outreach	Create brochure to be distributed	n/a	High	ICJI created a brochure a few years ago. That brochure will be updated for distribution. This enhancement was in progress at the time of this report.	None



	Envision Session	Enhancement	Impacted Business Process	Priority	Next Steps	Impact on Technology
18	Education and Outreach	Create poster with "tear off" information card at the bottom	n/a	Medium	ICJI is planning to hire a trainer for victim's compensation. This enhancement will become a responsibility of that resource.	None
19	Education and Outreach	Update information on the ICJI website	n/a	High	This enhancement was in progress at the time of this report.	None
20	Education and Outreach	Utilize the ICJI Board Members to help educate external stakeholders.  (Due to the make-up of the ICJI Board and the roles they play in their daily jobs, members may be able to use their influence to educate about ICJI).	n/a	Medium	ICJI is planning to hire a trainer for victim's compensation. This enhancement will become a responsibility of that resource.	None
21	Education and Outreach	Put up a booth at various festivals, fairs, etc.	n/a	Medium	ICJI is planning to hire a trainer for victim's compensation. This enhancement will become a responsibility of that resource.	None
22	Education and Outreach	Produce premium items with ICJI logo and phone number	n/a	Medium	ICJI is planning to hire a trainer for victim's compensation. This enhancement will become a responsibility of that resource.	None
23	Education and Outreach	Partner with non-profits (Welfare offices, Trustees offices, etc)	n/a	Medium	ICJI is planning to hire a trainer for victim's compensation. This enhancement will become a responsibility of that resource.	None
24	Education and Outreach	Create a plan for outreach that can be viewed by public (ex: schedule of events that can be seen on the ICJI website)	n/a	Medium	ICJI is planning to hire a trainer for victim's compensation. This enhancement will become a responsibility of that resource.	None
25	Reporting and Metrics	Obtain performance metrics to analyze claim processing efficiency.  Examples include, but not limited to: <ul style="list-style-type: none"> <li>Average number of days from application date to approval/denial.</li> <li>Average number of days from bill receipt to payment/denial.</li> </ul>	n/a	Medium	ICJI would like the ability to obtain performance metrics, but feel that this is not an enhancement that can be implemented until a new system is in place.	New system will provide defined performance metrics.



## **Backlog Process**

Crowe completed an envision session about the significant backlog currently existing in the processing of Victim Compensation claims by the Indiana Criminal Justice Institute (ICJI). Best practice states have indicated that simultaneous processing of these backlogged claims along with new claims allows for more efficient backlog removal. A recommended process to quickly deal with claims in order to reduce the backlog and to avoid future backlogs was defined.

Any claim in the backlog that has not been previously approved/denied will be processed through the victim compensation process as if it were a new claim. For claims that were previously approved, a letter will be sent to the victim/claimant/provider to identify all applicable bills. Bills received for the claim will be sent for payment. In the event that ICJI would decide to perform a review of previously denied claims, if the final review supports the denial decision, the case will be closed. If the final review determines that the claim should have been approved, an attempt will be made to contact the victim/claimant/provider to verify that assistance from ICJI is still requested and to verify information on file.

The detailed process diagrams and narratives can be seen in Appendix C: Backlog Process.

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## Technology Recommendation

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To obtain the functionality, process efficiency, and reporting capability that is desired, ICJI should replace the existing victim compensation system. Despite the fact that it is technically feasible to modify and upgrade the existing VCC database to restore it to be the primary system used, it is not recommended that ICJI expend any additional resources to prolong the life of the existing VCC database. The solution would still fall short of meeting many of ICJI's functional requirements for a new system, such as online processing and alert notifications. The solution is also extremely limited in its data-sharing capabilities, so it would not facilitate ICJI's long-term vision in this area.

The only short-term action that should be taken on the current environment is to increase the amount of memory on the PCs running the VCC to enhance the use of the system in the short term until a new system solution can be procured. During the technical assessment, it was noted that those machines were operating with 256 megabytes (MB) of memory, but at least 2 gigabytes (GB) is recommended to run the VCC system. At the time of this report, ICJI was researching the options for upgrading the amount of memory on all machines to at least 2 GB.

## New System Options

With the recommendation to replace the VCC database, there are multiple potential options which would meet the needs of ICJI and accomplish its goals of improving claim processing. Those options are discussed below in addition to the advantages and disadvantages of implementing each one. Information about high level, order-of-magnitude costs for the options provided are contained in Appendix A: System Option Cost Estimates.

- **Custom Web Application:** A custom web application refers to the system in which no pre-packaged solution is used and users interact with the system via a web interface (on-line). The system would be designed based upon ICJI's required functionality. This option does not take into consideration document management ("paperless") functionality or workflow.

### Impact on ICJI's Business Process:

Because the system is custom-developed, it can be designed to meet all of ICJI requirements except the document management and workflow requirements. The system nevertheless would offer the following:

- The ability for internal and external users to submit applications/claims via the Internet;
- The ability to process cases to approval/denial with the assistance of system alerts, data validation, case checklists;
- The ability for external users to check case status;
- The ability to system-generate letters;
- The ability to process payments and payment summaries;
- The ability to integrate with external systems;
- The ability to manage the fund balance; and
- The ability to report on all information in the system.

However, any documentation submitted in hard copy would remain in hard copy in file folders as in the current process. Also, because all documentation would not be stored electronically, there would be no workflow and routing of documents to other users electronically for review and approval.

### System Advantages:

- The solution is developed to provide the specific required functionality. The system can take into account ICJI's new business processes and provide a tight fit between optimized business processes and having a system that supports it. This option should provide optimal efficiency to ICJI, and be developed to exactly meet the needs of the agency.
- Any system-related issues can be resolved immediately by modifying the code, instead of waiting for a software vendor to release code fixes, as in the case of packaged solutions.
- Because the system is being developed specifically for ICJI, functionality could be rolled out in phases of functionality, instead of everything all at once. For example, the first roll-out could include just internal ICJI users. A second roll-out could include functionality for providers to submit sex crime compensation claims, etc. The ability to do this eases the transition from the current system and processes to the new system and process.
- On-going enhancements and support would allow for the system to grow with the organization as needed. Enhancements can be developed into 'releases' of the software that are specific to the changing needs of the organization well into the future.
- ICJI has a long-term vision for data exchange with external entities and systems. This solution provides the flexibility for data exchange with current and future systems that might be used by external agencies.

#### System Disadvantages:

- The solution can be time-intensive to develop.
  - There is heavy dependence on a system prototype to understand how the system will truly function. A poor system prototype can lead to a gap in expectations between the vendor and ICJI and may prompt redesign and/or change orders.
  - All modules are written "from scratch", so no previous testing and system use has occurred to identify issues/bugs. For this reason, the testing phase can be longer.
  - The resulting system may be difficult to maintain and extend if appropriate coding standards, code review tools, and software design best practices are not followed.
  - If appropriate documentation is not developed, it may take longer for developers to understand and fix the issues in the system. Thus, the system maintenance cost may be higher.
- **Custom Document Management System:** The Custom Document Management System option is a custom web application option with document management and workflow functionality included. The result would be a "paperless" system. In addition to the ability to submit and manage cases via the Internet, and Internet-based reporting capability, users would be able to scan paper documents into the system, upload electronic copies of documents, and electronically route cases to other users for approval.

One of the benefits of this solution is the ability to implement a web application first, and then later integrate the document management and workflow components into the existing web application. While technically feasible, implementing these solution components consecutively would result in higher overall implementation costs due to the need to redesign the system to incorporate the new components. Considering ICJI's needs and resources, there are advantages and disadvantages to this implementation approach. The most cost efficient approach would be to implement both components at the same time. However, if resource considerations require spreading the cost over multiple years, then this option may be the one to consider.

#### Impact on ICJI's Business Process:

Like the Custom Web Application, because the system would be custom developed, it can be designed to satisfy all requirements, including the document management and workflow

requirements. The impact defined above for the Custom Web Application would still apply with the following additional functionality that ICJI desires:

- The ability to scan paper documents into the system for viewing and storage;
- The ability to upload documents that have been received electronically;
- The ability to allow external users to view documents in the system;
- The ability to send documents electronically to external users;
- The ability to route cases to internal users for review and approval without the need for the paper file;
- The ability to assign work to internal users and set due dates for completion.

#### System Advantages:

- Allows viewing of a document by more than one user at a time.
- Allows instant access to a document, without having resources spend valuable time tracking down documents in a filing cabinet
- Allows external users to see documents, which can facilitate interaction with external stakeholders if both parties can see a document while referring to it.
- With appropriate security in place, documents can be protected from unauthorized access.
- Allows upload of electronic documents received from external stakeholders (e.g. police reports and probable cause affidavits).
- All documents are stored electronically, so there is no need for paper storage space and associated costs.
- Eliminates risk of losing paper documents/files once scanned into the system (with appropriate system back-up procedures in place).
- Eliminates risk of paper documents being destroyed by natural disaster such as flood or fire (with appropriate system back-up procedures in place).
- Allows relocation of office with no impact on document access (i.e. can work from anywhere).
- Allows electronic routing of documents (via email, etc.), instead of paying mailing costs to route paper documents.
- ICJI's long-term data exchange ability would be increased with the opportunity to not only exchange raw data, but also documents.

#### System Disadvantages:

- Time is required to scan the documents into the system.
- Additional costs for document management hardware and software.
- Additional implementation time needed to develop and test document management component.
- Additional user training needed for document management component.
- Additional on-going maintenance and support costs for document management component.
- **Existing System from Other State / Packaged Solution:** This option would be for ICJI to obtain an existing system in use in another state or a packaged solution, and customize that solution if necessary, to meet ICJI's specific requirements. Before pursuing this option, ICJI would need to review the solution to evaluate whether it does or can be made to fit ICJI's business processes as well as technology

requirements such as platform, complexity of integration, license cost, etc. This effort will also help to identify how much customization would be required to meet the business function needs of ICJI. Appendix B provides an example comparison to the Pennsylvania victim compensation system to illustrate the type of customizations that would be necessary if ICJI were to select a system from another state.

#### Impact on ICJI's Business Process:

A solution will have core functionality that may meet many of ICJI's requirements, but because it was not specifically designed for ICJI, it is highly probable that some, and perhaps substantial, requirements will not be met. Therefore, modifications to the packaged solution would need to occur.

#### Advantages:

- Software development time could potentially be less due to the existence of a base solution as a foundation. Functionality of a base solution should be carefully evaluated. If the requirements of an existing solution do not match ICJI's requirements, then there is little advantage. More effort may be needed to customize an existing solution if the existing software is not a good match.
- System and training documentation for the base system may already be available.
- With a packaged solution, the vendor may already have a system to correct system bugs and issues. This should carefully be considered. If extensive customizations need to occur, it may prohibit the vendor from systematically providing regular updates.
- With a packaged solution, new features and functionality may be offered by the vendor through new releases. However, if the original packaged solution is heavily modified to suit ICJI, then future features and functionality may not be easily integrated into ICJI's version of the software.

#### Disadvantages:

- It can be costly, time-consuming and difficult to maintain/upgrade a packaged solution if it has been significantly customized.
- License cost of a packaged solution may be higher.
- ICJI redesigned business processes may need to be altered to the way the system works, if the system lacks flexibility to be modified to meet the business process.
- It may be difficult to adapt the software to satisfy the business needs of ICJI.
- If there are issues with the packaged solution, it is necessary to wait until the vendor releases a new version of software or patches to fix the issues.
- It is necessary to upgrade the system to a newer version to take advantage of new features and fixes.
- It is more difficult to upgrade a solution and apply patches when it has been customized because the customization may no longer work.



## System Requirements

The Indiana Criminal Justice Institute desires to enhance its VCC process by identifying technology solutions that will support its redefined business processes and promote information sharing, efficient claims processing, and customer service. Today, ICJI's victim compensation technology is a patchwork of components consisting of an Access 97 database that is performing inconsistently; an Excel spreadsheet that is limited in terms of reporting, tracking and multi-user functionality; and processes that require much manual data entry and documentation. No software vendor supports the system, and there is little technical or training documentation.

ICJI is looking to enhance their ability to better compensate victims by more efficiently and effectively processing and tracking claims. This section identifies needed system requirements for a software system that will support ICJI's business functions and achieve the following goals:

- Improve efficiency of processing claims,
- Improve data quality and usability,
- Improve the accuracy and timeliness of reporting,
- Enhance data gathering and sharing; and
- Provide remote system and data access to external stakeholders, such as victims' advocates and service providers.
- Provide routine performance measures and auditing functions.

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### Conceptual System Model

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The conceptual system model (Figure 1) is presented to provide a visual of the future system based upon the defined requirements. The functionality of the conceptual system model is grouped into the following core components.

- Case Management: All activities involved with an application and corresponding bill(s) from time of receipt to the decision of approval or denial.
- Payment Management: All activities involved with the verification and payment of a bill for services. This component also includes updating payment records with warrant number and payment date information, and the processing of returned payments.
- Fund Management: All activities involved with maintaining the balance of the Violent Crime Victim Compensation Fund, including the tracking of expenditures and receipts.
- Reporting: All activities involved with reporting on the data that is in the system, including producing required annual Federal and State reports.
- Administration: All activities involved with maintaining the functionality of the system, such as user access and maintenance, security, and updating business logic or data field choices.

The future system conceptual model is as follows:

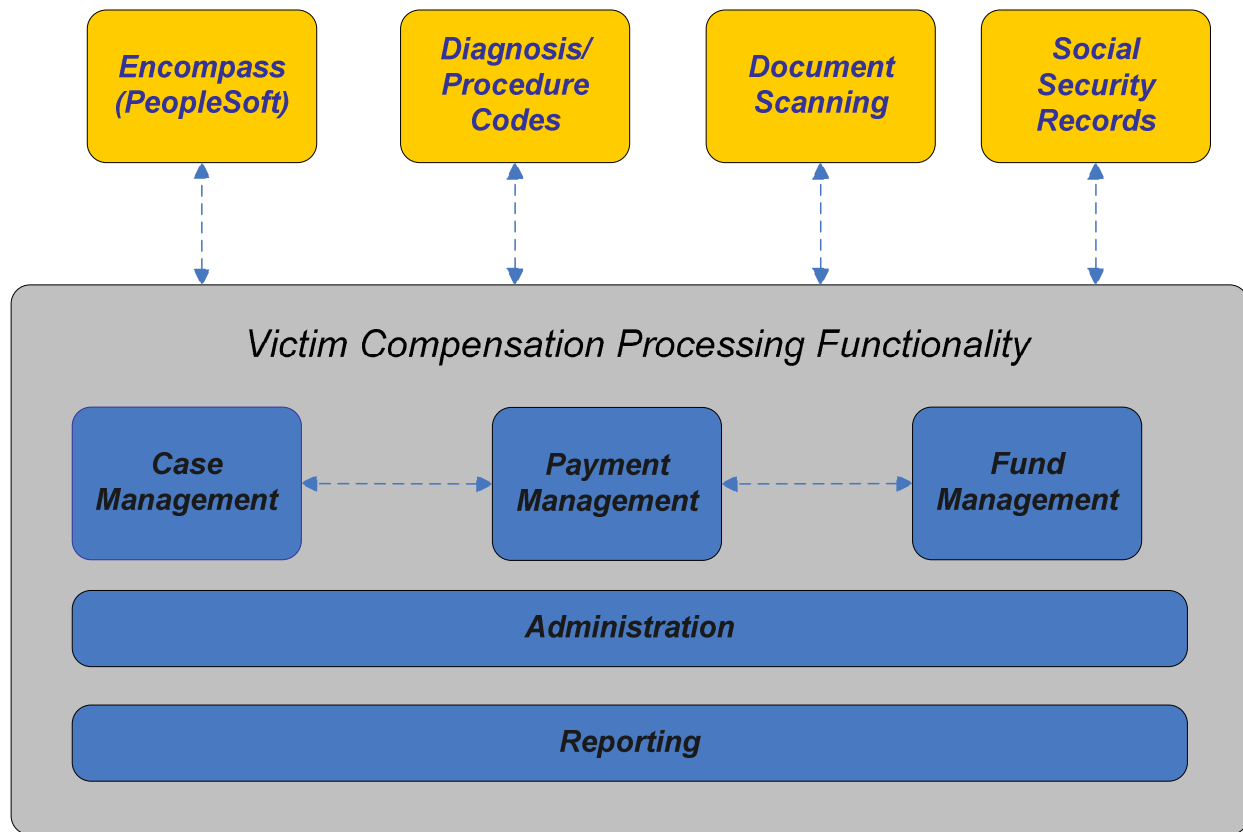


Figure 1

In addition to the core functionality components, the conceptual model also illustrates external integration points with the future ICJI system.

- **Encompass (PeopleSoft):** All payments made by ICJI are processed by the Auditor of State (AOS) in the Encompass (PeopleSoft) system. For this reason, the system must produce a payment file in a specified format that can be uploaded into PeopleSoft for processing. In addition, AOS maintains the vendor master file for the state in PeopleSoft, so there must be a synchronization of the vendor master in the ICJI system with the PeopleSoft vendor master.
- **Diagnosis / Procedure Codes:** All medical bills received for services rendered to the victim have a diagnosis or procedure code to indicate the service that was performed. ICJI would like to synchronize these codes in the future system with an official master set of codes (from a source to be determined) to assist in ensuring that the services rendered are valid.
- **Document Scanning:** If the new system includes scanning paper documents into the system, there must be integration to the document management component.
- **Social Security Records:** ICJI would like to integrate with Social Security information to validate the combination of name and social security number received on an application.

## Functional Requirements

The functional requirements in the following table have been grouped by the core components displayed in the conceptual system model for the Victim Compensation process. In addition to defining the requirement, an indication as to whether the requirement is a “Must Have” or “Nice to Have” has been provided. A “Must Have” requirement must be present in a new system. A “Nice to Have” requirement is a feature that ICJI would like to have, but could function without, if necessary.

	Must Have	Nice to Have
<b>1. Case Management</b>		
<b>Application Entry</b>		
1.1. Ability for an external user (victim, provider, etc.) to fill out an application via the Internet.	X	
1.2. Ability to vary the application based upon the type of crime/fund – sex or violent.	X	
1.3. Ability to capture all required data on the application.	X	
1.4. Ability to make the application dynamic based upon answers to previous questions. For example, if the birth date entered on a sex crime application indicates that the victim is a minor, the question must be asked whether the police and/or Child Protective Services has been contacted.	X	
1.5. Ability to require a description when “Other” is selected as the answer to a question.	X	
1.6. Ability to flag a victim as a minor based upon the birth date entered.	X	
1.7. Ability to capture an email address for the applicant to which correspondence and updates can be sent.	X	
1.8. Ability to enter free-form notes regarding the application.	X	
1.9. Ability to capture who is filing the claim (e.g. victim, victims advocate, provider, etc.)	X	
1.10. Ability to obtain acceptance by the applicant to specific terms and conditions related to the application process.	X	
1.11. Ability to accept electronic signatures.		X
1.12. Ability for an external user to submit an application via the Internet.	X	
1.13. Ability to save an unfinished application without submitting it via the Internet.	X	
1.14. Ability to cancel an application that has not been submitted via the Internet.	X	
1.15. Ability to restrict the submission of an application via the Internet if all required data fields have not been completed.	X	
1.16. Ability to automatically assign a case number to the application upon submission.	X	
1.17. Ability to immediately acknowledge the successful submission of the application via the Internet.	X	
1.18. Ability to generate and send an email to the applicant to confirm submission and indicate assigned case number.	X	
1.19. Ability for internal ICJI users to manually enter an application submitted via mail, fax, or hand-delivery.	X	
1.20. Ability to capture the method in which an application was submitted (e.g. online, mail, fax, or hand-delivery).	X	

	Must Have	Nice to Have
1.21. Ability to export an application to a printer-friendly version.	X	
1.22. Ability to automatically check specific eligibility criteria at the time application is submitted (e.g. did the crime occur in Indiana?).	X	
1.23. Ability to flag applications that do not meet eligibility criteria.	X	
1.24. Ability to maintain the eligibility criteria.	X	
<b>Bill Entry</b>		
1.25. Ability for internal and external users to enter bills associated with an application at any time; not just at the time the application is submitted.	X	
1.26. Ability to enter notes regarding entered bills.	X	
1.27. Ability to check for duplicate bills in the system and provide alert.	X	
1.28. Ability to check for duplicate bill line item in the system and provide alert.	X	
1.29. Ability to capture the status of a specific bill (e.g. in-process, approved, denied, etc.)	X	
1.30. Ability to pre-define eligible diagnosis and procedure codes for bills based upon the type of crime.	X	
1.31. Ability to update pre-defined diagnosis and procedure codes at any time.	X	
1.32. Ability for the system to automatically check and flag bills containing ineligible diagnosis and procedure codes.	X	
1.33. Ability to waive a bill flagged by the system as ineligible and capture an explanation.	X	
1.34. Ability to integrate with a defined external system to synchronize diagnosis and procedure codes.		X
<b>Case Review and Investigation</b>		
1.35. Ability to assign applications to a specific ICJI user automatically based upon business logic.	X	
1.36. Ability to modify assignment business logic.	X	
1.37. Ability to assign applications to a specific ICJI user manually.	X	
1.38. Ability to queue applications in an "Inbox".	X	
1.39. Ability to view a case electronically.	X	
1.40. Ability to maintain to-do list and checklist of action items by case.	X	
1.41. Ability to capture the status of an application (e.g. in-process, approved, denied, awaiting payment, etc.).	X	
1.42. Ability to link a sex crime application to a violent crime application when both apply to the same incident.	X	
1.43. Ability to waive an ineligible application and continue processing.	X	
1.44. Ability for internal ICJI users to modify application information once submitted.	X	
1.45. Ability to track updates to application information.	X	
1.46. Ability for applicants to update their own address via the Internet.	X	
1.47. Ability to track the address from original application and the most recent address change.	X	

	Must Have	Nice to Have
1.48. Ability to track investigation of a case (e.g. cooperation, other funding sources, etc.).	X	
1.49. Ability for external and internal users to submit additional case documents via Internet after initial application has been submitted.	X	
1.50. Ability to store documents received electronically and associate with the corresponding case.	X	
1.51. Ability to scan and store electronic copy of paper documents. Examples: <ul style="list-style-type: none"> <li>▪ Application</li> <li>▪ Medical bills</li> <li>▪ Driver's license</li> <li>▪ Police Report</li> <li>▪ Probable Cause Affidavit</li> <li>▪ Copy of insurance card</li> </ul>		X
1.52. Ability to protect documents with appropriate security.	X	
1.53. Ability to protect certain data in documents, i.e. SSN, with appropriate security.	X	
1.54. Ability to permit viewing documents and/or data fields in documents in the system to users with appropriate security.	X	
1.55. Ability to interface with Social Security Administration to verify victim's social security number.		X
1.56. Ability to approve/deny/pending an application.	X	
1.57. Ability to capture user that approved/denied an application.	X	
1.58. Ability to indicate approval/denial for a bill by line item.	X	
1.59. Ability to capture user that approved/denied a bill.	X	
1.60. Ability to prevent the approval of an application based upon pre-defined business rules.	X	
1.61. Ability to modify application approval rules without the help of technical support.	X	
1.62. Ability to prevent bill approval based upon pre-defined business rules.	X	
1.63. Ability to modify bill approval rules without the help of technical support.	X	
1.64. Ability to approve a case that was previously denied, and vice versa.	X	
1.65. Ability to establish workflow for a defined chain of approvals.	X	
1.66. Ability to modify the approval workflow without the help of technical support	X	
1.67. Ability to close a case.	X	
1.68. Ability to reopen a previously closed case.	X	
1.69. Ability to route a case to another user.	X	
1.70. Ability to log and display the approval history.	X	
1.71. Ability to track cases undergoing appeal.	X	
1.72. Ability for applicants to see the status of a submitted application via the Internet.	X	
1.73. Ability for applicants to see the status of a submitted bill via the Internet.	X	

	Must Have	Nice to Have
1.74. Ability to search for a case by the following: case number, victim's SSN, victim's date of birth, crime date, analyst name.	X	
<b>Alerts / Notifications</b>		
1.75. Ability to generate an email to the applicant when status changes (e.g. approved, denied etc.).	X	
1.76. Ability to generate reminder emails to the applicant.	X	
1.77. Ability to create pre-defined letter templates without the help of technical support.	X	
1.78. Ability to generate follow-up letters using pre-defined templates that can be emailed or printed. Examples: <ul style="list-style-type: none"> <li>Confirmation of received application</li> <li>Confirmation of received bill</li> <li>Notification of application status update (e.g. approved, denied etc.)</li> <li>Notification of bill status update (e.g. approved, denied etc.)</li> <li>Request for additional information</li> <li>Request for police report</li> <li>Request for prosecutor's letter</li> <li>Request for Restitution</li> <li>Application approval letter</li> <li>Bill approval letter</li> <li>Denial letter</li> <li>Notice of duplicate application</li> <li>Notice of duplicate bill</li> </ul>	X	
1.79. Ability to store electronic copy of any letter sent out.	X	
1.80. Ability to issue a mass communication to a group of external users (e.g. change in process, law, new announcements, etc.).	X	
1.81. Ability to send an alert when an application involves litigation.	X	
1.82. Ability to send an alert when a due date has passed.	X	
<b>Volume</b>		
1.83. Ability to process approximately 1000 violent crime applications per year.	X	
1.84. Ability to process approximately 100 documents per violent crime application (mostly one-sided, size 8.5 x 11).	X	
1.85. Ability to process approximately 3000 sex crime applications per year.	X	
1.86. Ability to process approximately 100 documents per sex crime application (mostly two-sided, size 8.5 x 11).	X	
<b>2. Payment Management</b>		
2.1. Ability to verify the outstanding balance on a received bill.	X	
2.2. Ability to modify the amount of a payment.	X	
2.3. Ability to generate a payment batch file in predefined format required by the Encompass PeopleSoft system.	X	

	Must Have	Nice to Have
2.4. Ability to update payment record with warrant number and payment date from the Encompass PeopleSoft system.	X	
2.5. Ability to automatically create a payment batch based upon pre-determined criteria.	X	
2.6. Ability to modify automatic payment batch criteria without the help of technical support.	X	
2.7. Ability to manually generate a payment batch.	X	
2.8. Ability to verify that enough funds are available before generating a payment batch.	X	
2.9. Ability to prevent payment batch generation when not enough funds available and provide alert.	X	
2.10. Ability to review the payments in a payment batch before finalizing.	X	
2.11. Ability to remove individual payments from a payment batch before finalizing.	X	
2.12. Ability to generate detailed payment statements per payee to accompany payment	X	
2.13. Ability show paid and unpaid items on a payment statement.	X	
2.14. Ability to export payment statements in printer-friendly version to send via mail.	X	
2.15. Ability to export statements in email-friendly version.	X	
2.16. Ability for external users to access payment statements via the Internet.	X	
2.17. Ability to search payments by date range, service provider, victim name, warrant number, etc.	X	
2.18. Ability to issue an emergency payment.	X	
2.19. Ability to cancel a payment batch.	X	
2.20. Ability to cancel an individual payment.	X	
2.21. Ability to process returned warrants.	X	
2.22. Ability to block vendors from future payments.	X	
2.23. Ability to generate payments daily.	X	
2.24. Ability to automatically synchronize vendor file with the vendor master file in the Encompass PeopleSoft system.	X	
<b>3. Fund Management</b>		
3.1. Ability to maintain the fund balances for violent and sex crime compensation.	X	
3.2. Ability to automatically update the fund balance based upon generated payments.	X	
3.3. Ability to automatically update the fund balance based upon returned warrants.	X	
3.4. Ability to record collected revenue by type (e.g. restitution, donation, overpayment, etc.).	X	
3.5. Ability to automatically update the fund balance based upon collected revenue.	X	
<b>4. Collections</b>		
4.1. Ability to generate restitution requests and orders	X	



	Must Have	Nice to Have
4.2. Ability to generate subrogation requests and orders	X	
4.3. Ability to generate punitive damages requests and orders	X	
4.4. Ability to track receipt of funds by case by collection type	X	
4.5. Ability to integrate with the Indiana Supreme Court Judicial Technology and Automation Committee (JTAC) Clerk's Financial system.	X	
<b>5. Reporting / Metrics</b>		
<b>Reports / Queries</b>		
5.1. Ability to generate Federal report data. 5.1.1. Victim Compensation Grant Program State Performance Report 5.1.2. Crime Victim Compensation State Certification Form	X	
5.2. Ability to run pre-defined reports / queries.	X	
5.3. Ability to generate ad-hoc reports / queries based on user-selected criteria. Examples: <ul style="list-style-type: none"> <li>Cases by crime type</li> <li>Cases by status</li> <li>Cases by denial reason</li> <li>Approved bills that have not been paid</li> <li>Cases awaiting follow-up</li> <li>Statistics regarding victim's age, race and gender</li> <li>Cases involving loss of income and/or loss of support</li> <li>Cases approaching the maximum award amount</li> <li>Total amount paid, denied, and pending per provider</li> <li>Cases by county and amount paid</li> <li>Cases by appeal reason</li> <li>Denials by county, and reason</li> <li>Total amount of pending payments</li> <li>Fund revenue and expenditures</li> <li>Number of cases eligible for payment compared with actual number paid</li> <li>Trend analysis information</li> <li>Amount paid to actual victims compared with amount paid to providers</li> <li>Revenue by Type</li> <li>Number of cases by who filed claim (victim, advocate, etc.)</li> <li>Payments to non-residents of Indiana</li> </ul>	X	
5.4. Ability to export report data to Microsoft Excel.	X	
5.5. Ability to limit report/data access based upon user permissions.	X	
<b>Performance Metrics</b>		
5.6. Ability to track average claim processing time.	X	
5.7. Ability to track number of claims processed by user.	X	
5.8. Ability to track time from application date to approval/denial.	X	
5.9. Ability to track time from bill receipt to payment/denial.	X	
5.10. Ability to track a specified payment goal against actual total amount paid.	X	



	Must Have	Nice to Have
5.11. Ability to track number of users in the system at a time.	X	
5.12. Ability to track revenue collection by type, by county, by defined time period	X	
5.13. Ability to track number of claims submitted by fund type, by ICJI funded victim advocate, by defined time period	X	
<b>6. Administration</b>		
<b>Users</b>		
6.1. Ability for external users to register to use the system via the Internet.	X	
6.2. Ability for ICJI to approve external users before access to use the system is granted.	X	
6.3. Ability to collect specific user information based upon type of user (e.g. victim, provider, victims' advocate, etc.).	X	
6.4. Ability to capture user's email address.	X	
6.5. Ability to inactivate users in the system.	X	
6.6. Ability to manage user passwords in the system.	X	
6.7. Ability for users to change their own password.	X	
<b>Security</b>		
6.8. Ability to assign system permissions by role.	X	
6.9. Ability to assign add/update/view/delete/search permissions.	X	
6.10. Ability to apply security at system, page, and field level.	X	
<b>Data Field Choices</b>		
6.11. Ability to maintain data field choices (such as denial reasons, crime categories, etc.) without the help of technical support.	X	
<b>Audit Trail</b>		
6.12. Ability to track who made changes and when changes were made.	X	
6.13. Ability to track changes made to pre-defined input fields in the system (i.e. address change, crime category change).	X	
6.14. Ability to track claim approval by user	X	
<b>Publishing Information</b>		
6.15. Ability to publish content to users without help of technical support.	X	
6.16. Ability to publish instructions on using the system.	X	
6.17. Ability to publish frequently asked questions.	X	
6.18. Ability to publish new features available, process changes, etc.	X	
<b>Knowledge Repository</b>		
6.19. Ability to maintain a knowledge repository of case decisions.	X	
6.20. Ability to maintain a knowledge repository of applicable statutes, codes and guidelines	X	
<b>Help</b>		
6.21. Ability to provide page and field-level help.	X	
6.22. Ability to provide a tutorial on how to use the system.	X	
<b>7. Technical Architecture</b>		



	<b>Must Have</b>	<b>Nice to Have</b>
7.1. The system must be compliant with government information exchange standards such as Global Justice XML (GJXML) and National Information Exchange Model (NIEM) to allow future data exchange with other agencies.	X	
7.2. The system must be written on an industry supported technology platform (e.g. Java / .NET/ SQL Server/Oracle 10g) and must comply with Indiana Office of Technology (IOT) standards.	X	
7.3. The system must follow industry development best practices.	X	
7.4. The system must provide a consistent user interface.	X	
7.5. The system must be flexible enough to extend as the business processes change.	X	
7.6. The system must store information in a consistent database structure and ensure referential integrity.	X	
7.7. The system must provide data-entry validation, where possible.	X	
7.8. The system must be easily supported by ICJI with little help from technical support.	X	
7.9. The system must support foreign language translation (for Spanish) on all external data entry and inquiry screens.		X
7.10. The system must be available twenty-four hours a day, seven days a week.	X	
7.11. A prototype of the designed system must be presented and approved before development of the actual system begins.	X	
<b>8. Data Conversion</b>		
8.1. The data from the Excel spreadsheet must be converted to the new system. Note: As of 8/15/2007, there were approximately 6875 records.	X	
8.2. The data from the Access database must be converted to the new system. Note: As of 8/15/2007, there were approximately 26,345 records.	X	

## Implementation Plan

As ICJI embarks to implement a new system based on the functional requirements outlined, the steps and activities of how a new system is implemented is extremely important to ensure success. In order to assist ICJI in planning for a new system implementation, this section discusses implementation considerations, regardless of the chosen system option. This takes into account 'best practice' processes and procedures for a system implementation that should be followed to ensure a new system is implemented right.

### Implementation Considerations

A typical system implementation is performed in phases and has standard activities that are required to be performed. Depending on the methodology of the implementer, the phase names and activities may differ, but the following provides a general overview of what can be expected.

#### Phases

The following is the list of standard phases in a software implementation.

- **Define:** Defining what the system is supposed to do. Requirements are gathered to determine how the system must function in order to support the business process. The categories of requirements include but are not limited to data entry/maintenance, reporting, administration, security, system response time, data volume, and data conversion. The phase results in a deliverable stating all gathered requirements for the system.
- **Design:** Designing what the system is supposed to look like. Based upon the requirements established in the Define phase, a logical and technical design is developed to indicate how the system will function. Upon completion of the Design phase, a prototype of the system should exist to present the basic "look and feel" of the system.
- **Develop and Test:** Developing and testing the system. Based upon the design and prototype established in the Design phase, the actual system is developed and tested to ensure that all requirements have been fulfilled and the system is functioning properly. Depending upon the implementer, development of the system may occur off-site until it is ready for installation at ICJI. Prior to installation, a critical step in any implementation is the handoff and formal acceptance from the development team to the user base. This is typically referred to as User Acceptance Testing (UAT). This is the point where the users of the system acknowledge that the new system was constructed and meets the requirements.
- **Implement and Train:** Preparation for use of the system. The system is moved to the production environment and users are trained on the functionality before use. There is typically a warranty period where the vendor will address defects.

#### Activities

The following is the list of activities that occur when delivering a new system. A plan for each one of these activities should be developed prior to implementation.

- **Project Management:** The success of the implementation project depends on a strong project management approach. To this end, the project should be managed on a day-to-day basis by a project management team composed of a Project Manager from the contracted implementer and an ICJI Project Manager. The project management team should set the schedule for the implementation and should be responsible for the review and acceptance of all deliverables.
- **Status Meetings:** Weekly status meetings are an opportunity to review progress and to take corrective action when required.
- **Maintain Work Plan:** A detailed and updated work plan is critical to monitoring implementation progress.

- **Project Team:** In addition to a Project Manager, ICJI will also be required to furnish subject matter experts (SMEs) in victim compensation to participate in Define and Design sessions. The SMEs must review requirement and design deliverables and assist in the testing of the system (see **Testing** below).
- **Hardware and Software Installation:** Depending upon the system solution and the hardware/software involved, coordination with the Indiana Department of Technology (IOT) may be required when ready to install the hardware and software for the system.
- **Customization:** If a solution is chosen that involves customization, an effort should be made to document the following:
  - A description of the customization and the requirement it will satisfy.
  - Impact of the change on the base solution.
  - Impact of the change on future maintenance releases
  - A mechanism for isolating and identifying the specific customization in order to facilitate re-application of the customization in the future.
  - A test plan that can be used to validate successful implementation of the customization.
- **Web Interface:** Due to the fact that the new solution is to be accessible via the Internet, ICJI and the implementer may need to coordinate with Access Indiana to ensure that web portal and links from the agency website comply with the state's Internet standards.
- **Integration Assistance:** The requirements for the new system define multiple integration points between ICJI and external systems, such as the Encompass PeopleSoft system. Coordination with the external entities that maintain those systems will be required to develop the integration and test thoroughly.
- **Data Cleansing and Conversion:** ICJI would like to be able to report on several years of historical data. For this reason, data conversion is necessary from the current system to the new. However, ICJI's data is currently in two different places and in two different formats (Microsoft Access and Excel). Through the Technical Assessment, it was identified that some of the data in the Access database may not be complete or is inconsistent. Also, the data (fields and formats) captured in the Access database does not match the Excel spreadsheet exactly. So, before a conversion takes place, an effort to "cleanse" the data from the two systems should occur.
- **Testing:** Test scripts will be required based upon actual compensation application and claim scenarios. End-user testing must be performed to ensure that the system fulfills the business need. An issue tracking and resolution process should be created to track reported issues to ensure they are fixed and re-tested. Also note, when any modification is made to the system, all test cases should be conducted again (even if they have already passed a previous test) to ensure the modification did not break something else.
- **Training:** This includes the development of training documentation and providing the end-user training for internal and external users.
- **System Environments:** A proper system implementation will utilize a series of system environments throughout the course of the project to isolate the activities being performed and ensure no other ICJI systems are impacted. Development of the system should occur in a development environment. Testing of the system should occur in the test environment. Training should occur in the training environment. The production environment is for the actual "live" system.
- **Documentation:** At the end of the implementation, the following written documentation should exist:
  - Technical Documentation (system architecture, tables, etc.)
  - System Administrator Documentation (how to maintain the system, update fields, security, users, etc.)
  - End-User Documentation (how to use the system)
- **Implementation:**



- Due to the data conversion effort, there will most likely be a freeze on all claims processing in the current system to allow the implementer to collect all current data and move it into the new system. This event should be planned for to ensure minimal impact to business operations.
- Coordinate with IOT to ensure that proper support will be available if needed during cutover activities.
- **Ongoing Maintenance and Support:** ICJI can be expected to spend approximately 20% of the initial system cost annually for ongoing maintenance and support.

## Current Environment

Before enhancements to the victim compensation processes and systems could be defined, it was important to understand the current environment. To completely understand the current environment, several activities occurred:

- Process diagrams with detailed narratives of the victim compensation business process were created,
- Interviews with external stakeholders (service providers, funeral directors, etc.) were conducted to understand their interaction with ICJI,
- Research was conducted of the best practices occurring in other states in the area of victim compensation,
- A review of the Federal guidelines was performed to determine what requirements must be followed and what latitude ICJI has to modify the claims process,
- A review of applicable Indiana Statutes and Administrative Code Citations was performed to determine what requirements must be followed and what latitude ICJI has to modify the claims process, and
- An assessment of the current technical environment was performed to understand the issues and limitations of ICJI's processing system.

This following section details the effort taken to assess ICJI's current environment.

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### Current Business Process

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Crowe completed an assessment of the current Victim Compensation Claims Management business process on behalf of the Indiana Criminal Justice Institute. The assessment analyzed and documented the process beginning with the receipt of a violent/sex crime compensation application and continuing through to payment or denial of the claim.

In order to complete this assessment, Crowe met with resources from ICJI that are currently (or were previously) involved in the Victim Compensation Claims process. The flowchart and step narratives of the current business process resulting from those meetings can be seen in Appendix D: Current Process Flowchart and Narratives.

Key issue areas that were identified from these sessions included:

#### Application

- An estimated 9 out of 10 applications received have incomplete/incorrect information.
  - a. Victims/claimants have difficulty understanding what the application is asking for.
  - b. Applications are often filled out by individuals other than the actual victim/claimant, so applications are not correct and lack required information.
- Victims/claimants have difficulty obtaining all of the information requested by the "Information Packet."

#### Claim Processing

- There are no formal Policies and Procedures for processing claims. Claims are processed according to each analyst's interpretation of the statutes governing victim compensation.
- ICJI does not acknowledge the receipt of applications which leads to an increased volume of phone inquiries.
- Claims analysts mail applications back when they are incomplete instead of calling, which automatically adds 30 days to the processing time of an application. (The applicant has 30 days to return the corrected application to ICJI).

- Claims analysts track due dates for information requests manually instead of having a system alert identify when a due date has passed.
- ICJI does not send notice when an application is approved.
- Claims analysts have difficulty interpreting treatment and diagnosis codes on provider bills.
- The investigation process takes a long time because ICJI waits to ensure that no other sources of payment exist (litigation, charity, etc.).

### Payment

- When ICJI does not pay all line items on a bill, there is no additional explanation sent to explain why or to inform the victim/claimant of the right to appeal.
- There is not a consistent process for checking to see if a bill/line item is a duplicate because it is extremely labor intensive.
- Due to system constraints, the bulk of the payment process involves manual data entry. There is risk of data entry errors, and the process is extremely labor intensive.
- Payments are processed monthly, which causes payment batches to be very large. With the required manual entry, this is a significant burden on staff.

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## External Stakeholder Interviews

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Crowe completed a series of interviews of External Stakeholders of the Victim Compensation Claims Process around the state, on behalf of ICJI. These interviews outlined the experience of stakeholders in working with ICJI in the VCC process, including the strengths of those experiences and any complaints or weaknesses they identified in the claims processing process.

In order to complete this assessment, Crowe interviewed healthcare providers, funeral home directors, independent service providers and advocacy groups to gain a panoramic view of the external stakeholder situation in the State of Indiana. From those interviews, a group of common themes were identified in order to assist ICJI in assessing where the strengths were and where weaknesses existed that require process changes.

### Common Themes

From the stakeholder interviews conducted, there were several common themes.

**Timely Notification of approvals/denials-** The first theme, timely notification of approval/denials, was a weakness identified by nearly every external stakeholder interviewed. Each stakeholder stated that it is very difficult to submit claims to ICJI without the knowledge of what will be accepted for payment and what will not. This theme was articulated the most by smaller and independent service providers who rely on payment of claims by ICJI in order to function and ultimately stay in business. Stakeholders stated that they would be able to better plan and fund their individual operations, if ICJI could notify them more quickly after submission of a claim whether that claim would be paid.

**Inability of service providers and victims to check the status of applications or bills-** Many service providers stated that ICJI does not effectively communicate to service providers the status of submitted bills. Service providers stated that they routinely and repeatedly have to phone ICJI in order to check the status of claims. Furthermore, advocacy agencies indicate that victims are left without knowing the status of their application for too long and no remedy seems to exist to mitigate the problem. All stakeholders mentioned that having some method to check the status of a bill or application would improve their interaction with ICJI substantially.

**Inability of ICJI to apply eligibility criteria-** Many service providers stated that ICJI claims analysts don't seem to apply a standard set of criteria when judging the eligibility of an application. Therefore, there is a perception that applications will be approved or denied depending upon the analyst that reviews the claims. The same was



said for eligibility determinations for certain bills. Where a bill is eligible for payment in one instance, in another similar instance, the bill will be deemed to be ineligible. Many stakeholders stated that a way to improve this issue would be for ICJI to adopt a policy and procedure manual defining uniform eligibility standards and determinations.

**Inability to pay service providers-** It is well known among the stakeholders that ICJI is struggling to resolve a backlog of claims. Payments to service providers and victims have been extremely slow and unpredictable. The payments stakeholders do receive often are from bills submitted several years ago, and sometimes they arrive with no remittance advice to document what claims or bills are being paid. Some of the stakeholders commented that improved communication from ICJI about payment delays would help stakeholders plan. This topic again was frequently raised by independent service providers as these delays in funding could affect the service providers' ability to stay in business.

## Interview Summaries

The section that follows documents interviews with specific stakeholders or groups of stakeholders. It was from the information gathered during these interviews that the Common Themes discussed above were identified.

### Guy and Allen Funeral Home:

Guy & Allen Funeral home is located in Gary Indiana. Many of its customers (families of the deceased) have limited economic resources to pay for the services provided. Valerie Broadnax is the owner of the funeral home and accepts no ICJI Violent Crimes Compensation funds as a form of payment/promise prior to burial; however the funeral home does accept Wisconsin and Minnesota Crime Victims Assistance. This is because ICJI has been very slow to pay in the past and communication between the funeral home and ICJI has been poor. Ms Broadnax commented that some of the issues she has experienced with ICJI have included interacting with what she believed was an inexperienced staff, a lack of communication, slow claims processing, and a lack of training for police and prosecutors about the Victim Compensation program. She also stated that some things could improve the process, including better trained and experienced staff, timely notification of claims status and more training for police and prosecutors.

### Elkhart General Hospital:

Elkhart General Hospital is one of the larger service providers for ICJI within the state. Sandy Hinke has worked at Elkhart Hospital for 18 years and has worked in the Billing Department the entire time. She stated that many of her issues included her organization not being paid and not knowing when and if payment would be made. She has experienced a lack of communication from ICJI, and her organization has had to write off a high number of "bad debts" due to slow payment by ICJI. She stated that timely eligibility determination, communication and actually receiving payment would improve the process.

### Fort Wayne Sexual Assault Treatment Center:

The Ft. Wayne Sexual Assault Treatment Center is one of only a few independent (not associated with a hospital) sexual assault treatment centers in the State of Indiana. The center is staffed by certified Sexual Assault Nurse Examiners (SANE) and administers the forensic exams for victims of sexual assault in the Ft. Wayne area. The Director Michelle Ditton is a SANE-A and a SANE-P, meaning she is certified to perform sexual assault forensic examinations for both adults and children (pediatric examinations). Michelle noted that the Treatment Center's issues with the process include dealing with a perceived lack of organization at ICJI, and the loss of various pieces of confidential mail correspondence from the treatment center. She also stated that ICJI does not consistently determine eligibility for services rendered. This is due, in her opinion, to high turn-over at ICJI, an inexperienced staff, and the lack of a policy and procedure handbook. She also noted that ICJI should explain what special circumstances are needed for ICJI to cover the AIDS prophylaxis treatment. Michelle noted that several things could improve the process, including more experienced staff, a policy and procedure handbook, more training and outreach to police and prosecutors, and timely claim payments.

### Barnes & Thornburg:

Barnes & Thornburg is a law firm in Indianapolis that is assisting external stakeholders handling problems at ICJI. Heather Macek is an attorney with the firm and her clients include The Health and Hospital Corporation of Marion County, IN, and The Indiana Hospital and Health Association. The Health and Hospital Corporation of



Marion County (HHC) operates the Marion County Health Department and Wishard Memorial Hospital and its health services. Gurinder Hohl from the Health and Hospital Corporation of Marion County and Becky Navarro from the Wishard Health Services Center for Hope also participated in an interview session. Their collective concerns with ICJI and the claim process included inexperienced ICJI staff, lack of status checks for claims, the need for a policy regarding the AIDS prophylaxis treatment, and better communication when changes are made. All three respondents agreed that a monthly pending report including information related to application status (approved/denied) and payment status (when payment is expected) would be useful. They also agreed that changes to improve the process could include better trained ICJI staff, well written program guidelines, consistent eligibility determination and a fee schedule for approved services. This group also stated that ICJI should look to hire a third party administrator to outsource claims processing and payment.

**Wishard Hospital:**

Wishard is another large service provider in the State of Indiana. Louella Vaden and Francis Elliott work in the Special Billings Unit within the Billing Department at Wishard Hospital. The Special Billing unit handles the billing for various government and alternate funded programs. Becky Navarro is a SANE-A working for the Wishard Hospital Center of Hope. Some areas of concern articulated by these respondents were the inability to receive payment, or to know when payment would be made. They also said that an improvement in the process would include clear program guidelines. All involved also stated that communication about payments would help. This group also stated that ICJI should look to hire a third party administrator to outsource claims processing and payment.

**INCASA:**

Anita Carpenter is the CEO of INCASA which serves as a victim advocacy organization to both violent and sex crime victims in Indianapolis, with the majority of their work being with sex crime victims. Ms. Carpenter indicated that she has had a good overall relationship with ICJI, but she also stated that there are many problems in the process, and substantial opportunities for improvement. Some of the problems she identified include a lack of communication by ICJI about funding delays, or backlogged claims. She also stated that ICJI should publish some guidelines for what circumstances warrant the coverage of the AIDS prophylaxis. An improved communication method, including email would also be helpful. Anita commented that training and outreach are lacking and several groups including Advocates, SANE's, Law Enforcement and Prosecutors require more training about the VCC program.

**Comfort House:**

Comfort House was previously an independent treatment center where victims could come for sexual assault interviews and exams. Currently, Comfort House provides interviews and promotes child advocacy. These changes are the result of budgetary concerns and the loss of their SANE. Indirectly, Comfort House believes that the loss of the SANE at Comfort House can be attributed to slow claims processing at ICJI. Donna Lloyd runs the treatment center at Comfort House. Ms. Lloyd identified some areas of concern as the lack of knowledge or training about the VCC program, including victims, prosecutors and law enforcement. Improved training and outreach are necessary in her opinion. Ms. Lloyd also stated that online status checks would be a great tool. Another improvement would be a list of what services will and won't be covered and a fee schedule for covered services.

**Floyd Memorial Hospital**

Floyd Memorial Hospital does forensic examinations for victims in 11-12 counties across Southern Indiana. The hospital has a SANE on staff, and does both examinations and interviews. They receive approximately 200 sex crime cases per year. Kyle Brewer is the Forensic Program Coordinator at Floyd Memorial Hospital. Mr. Brewer stated that automation and online status checks would be a great tool and would increase efficiency in the process. He also stated that when there are changes to policies and procedure at ICJI, ICJI should communicate those changes to external stakeholders. In addition, Mr. Brewer mentioned ICJI should create a list of covered/not covered services so that service providers are aware of when and what payments will be expected.

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## Best Practice Research

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To facilitate the definition and creation of an improved future process for ICJI, research was performed to identify some of the best practices that are working for Victim Compensation programs around the country. Crowe contacted the Director of the National Association of Crime Victim Compensation Boards (NACVCB), Dan Eddy, to obtain his assessment of current best practices and a list of states employing such best practices. In this conversation, he mentioned several states that have been achieving many, if not all, of the goals mentioned in the 1996 publication, *Program Standards*, the leading guidebook for victim compensation programs.

Of the states mentioned, Crowe contacted the directors of the Victim Compensation programs in New Mexico, Minnesota, Iowa, Wisconsin, Pennsylvania, and Florida to ask a series of questions. The questions and the information gained from these interviews can be found in Appendix E: Best Practice Research. The section below provides the common themes discovered across all programs and a summary of the highlights from each state interview.

### Common Themes

From all state interviews conducted, there were several common themes.

**Improved system** – Each interviewee either boasted about how their technological capabilities were superb and an important force behind their state's improvements in claims processing. Some lamented the lack of functionality they currently experience and what they wanted in the future. However, interviewees on both ends of this spectrum agreed that an improved technology system with several features, including automatic letter formulation, tracking and alert mechanisms and automated status checking will save claims analysts time. Without these features, claims analysts are forced to complete tasks manually resulting in far less efficient claims processing.

**Improved outreach** – In several interviews, Crowe proposed a hypothetical situation where a state is neither able to improve their technological capabilities nor hire more staff. In this hypothetical situation, the interviewees were asked what other alternatives the state in question uses. Most responded that the state in question should either improve outreach or minimize time-wasting activities in the business process. In regards to outreach, interviewees concluded that outreach is a fundamental way to improve claims processing because it can result in better applications. With better applications, comes less interaction with victims, less requests for additional information, and thus, greater processing efficiency. Greater outreach also allows Victim Advocates more involvement in the claims process and decreases the work of claims analysts.

**Minimize time-wasters** – The final shared theme was the idea of taking away time-wasting activities in the business process. Many states responded that decreasing the level of oversight in approving and denying applications is helpful. Improving methods of communication between victims and the victim compensation division is also very important as well as making external stakeholders more involved in the program, so that less time is wasted waiting on information from those entities.

**Adequate staffing** – The importance of adequate staffing was stressed by every interviewee. Without adequate staffing, claims analysts are too overburdened and processing efficiency will decrease. Some interviewees believe that an essential key to avoiding and eliminating backlog is adequate staffing due to the sheer work hours needed to process, investigate and pay claims. In each of the states interviewed, the annual amount of claims processed per analyst ranged from 214 to 846, far less than Indiana which has an average claim processed per analyst of nearly 2000. Each interviewee, when asked about dealing with the issue of a backlog or their tips for Indiana stated that more staff would make Indiana's task much simpler.



## State Summaries

The following provides highlights of the unique characteristics and processes from the state interviews.

### **New Mexico:**

New Mexico does not process claims very quickly but does so consistently. At the time of the interview, they had a claim processing time of 114 days, which captures the time it takes to process an application from receipt to the claim being sent for payment. New Mexico contractually mandates all VOCA (Victims of Crime Act) sub-grantees to receive victim compensation trainings and uses the VOCA sub grants as an outreach tool. New Mexico has a self-built computer database system that allows them as much functionality as their director can build into it. New Mexico has an oversight board that ultimately controls every part of the victim compensation program. Their director laments that this is a hurdle for him, and recommends that states lower the amount of oversight needed in key areas – for example, approving and denying applications.

### **Iowa:**

Iowa has a very good program, with a standard for processing claims in 40 working days. The state processes homicide claims in less than 2 working days. Iowa also believes that lowering the level of approval/denial authority to staff level is very important and one of the reasons the state is able to process claims so quickly. Iowa created a buddy system in which pairs of claims analysts are able to perform quality control checks on one another, and therefore claims analysts have final denial/approval control. Iowa also thinks that outreach is very important, and believes better relationships with service providers will allow a state victim compensation program the ability to pay out faster because the program will have the confidence that overpayments will be refunded by the service providers.

### **Minnesota:**

Minnesota processes claims in 4 – 6 months. Their initial receipt confirmation letter states that victims should expect to hear a response within that timeframe. Minnesota attempts to remove all time-wasting procedures from their business process. They try to minimize interaction with victims by mail, preferring phone and fax communication and using mail as a last resort. They have a policy and procedure handbook, and have allowed claims analysts the ability to approve and deny claims. In the event of backlog, Minnesota believes that simultaneous processing of old and new claims is a reasonable model, and that additional claims analysts are necessary to perform that task efficiently.

### **Florida:**

Florida has championed the idea of outreach as a way to improve claims processing. Florida uses a 4.5 day Victim Advocate Designation Program that every agency in the state receiving VOCA sub grants (approximately 235 agencies) must participate in. From this program, agencies have designated advocates that must be on staff. These advocates are given advocate numbers and are used as primary contact points when victims apply through them. The result is a “perfected application,” which, by their vernacular, means that all pieces are in place for the claim to be processed that day. Sixty percent of the applications Florida receives are perfected, and these have an average processing time of one day. The other forty percent of applications require additional information, but due to relationships with external stakeholders, this information is quickly gathered and the average processing speed of those applications is fourteen days. Florida also has a paperless system; it receives paper applications, scans them into a computer system and destroys the paper copy. Florida has very well trained claims analysts. All must go through a six month training period with the primary text material being the state’s policy and procedure handbook. Thus, claims analysts have control over approving and denying applications.

### **Pennsylvania:**

Pennsylvania may have the only system in the nation where a Victim or Advocate can use a computerized application that populates a software program. The system is referred to as DAVE and has significant advantages over most systems around the nation. It has the ability to automatically send correspondence to external stakeholders electronically through the system. Electronic application submission with required fields has improved the quality of application that Pennsylvania receives, and so fewer requests for additional information are needed. Pennsylvania states that they have improved as a victim compensation program with the implementation of DAVE and increased work with advocates, who have helped obtain necessary documentation on their behalf. The result is that Pennsylvania has a model program.

**Wisconsin:**

Despite a budgetary shortfall, and a slightly understaffed (by their own admission) victim compensation division, Wisconsin has still maintained a very good victim compensation program. Currently the State of Wisconsin is experiencing a \$1 million shortfall. This has caused Wisconsin to place a limit of \$10,000 annually that can be paid on claims (They have a \$40,000 cap). This cap and deficit have not had a significant impact because their average claim amount is approximately \$4,000. It has not impacted Wisconsin's ability to process claims either. Wisconsin has an average claim processing time of 6 – 8 weeks. This equates to an average of 30 – 40 working days. This speed is due to claims analysts having approval/denial authority, and the outreach that they have conducted with external stakeholders has increased the speed at which they obtain the necessary documentation needed to process claims.

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**Federal Guideline Review**

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Throughout the current process review and envision sessions, Crowe documented current and future ICJI policies. To culminate and validate the recorded policies, Crowe held an envision session that both answered policy questions and validated what policies had been documented previously.

Crowe then reviewed the Federal Register Guidelines posted by the Office of Victim Compensation (OVC) and researched both the State Victim Compensation Statutes and the Indiana Administrative Code on Victim Compensation. For every Federal Guideline, Crowe compared the applicable state statute, administrative code, and ICJI policy. Crowe then noted whether there was a gap between the Federal Guideline and the statute, code, and policy. Appendix F: Federal Guideline Review displays the review matrix.

**Compliance with Federal regulations:**

Indiana State Statute, Indiana Administrative Code, and ICJI policy are in compliance with most Federal Register Guidelines. In many cases where the Federal Guidelines mandate an action, the Indiana State statute generally refers to and complies with that action. If there is a gap, it is filled by the Indiana Administrative Code. In the event that both the Code and the Statute are silent, ICJI policy complies with the Federal Guideline. The only exceptions are as follows: Although the Indiana State Statute complied with the Federal Guidelines, current ICJI policy had been to not cover mental health counseling for victims of violent crime. The Federal Guidelines mandate that mental health counseling must be covered by Victim Compensation Program using VOCA funding. The other occurrence is in the area of Unjust Enrichment. The Project Team was unable to find a comparable Indiana State statute or administrative code section that refers to unjust enrichment. Further there is no documented policy on unjust enrichment at ICJI. Except in these two cases, ICJI has been in compliance with Federal Regulations.

**Inability to match Federal recommendations:**

The Federal Register is filled with recommendations that should be considered by state victim compensation programs. Many of these recommendations concern new types of crimes and compensable expenses that states should consider as they create policy and propose new state legislation. These recommendations are not binding and serve only as advisory guidelines; however they point toward the new direction of victim compensation programs across the country. ICJI is unable to follow many of these recommendations because they would involve legislative changes in both the Indiana State Statute and the Indiana Administrative Code. ICJI has proposed some legislative changes already and will propose more in the future; many of which involve the definition of victim in the statute so that a broader range of victims can be assisted by the State's victim's compensation program.

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## Technical Assessment

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Crowe completed a technical assessment of the current Victims Compensation Claims Management Payment System (VCC) application. The assessment analyzed and documented the issues in the areas of Platform, Extendibility, Data Model, Data Quality, Usability, Support of Business functions, Performance, and Security. This information obtained in this assessment, seen in Appendix G: Technical Assessment, contributed to formulating the recommendations for ICJI.

Key issues that were identified from this assessment included:

- The application was developed in an older version of MS Access that is no longer supported by the vendor.
- Inconsistent methods are being used to store the claims received after November 2005.
- Information is stored in multiple places and formats.
- The application is required to be installed on an individual user's machine before it can be used. If the application is updated, the update needs to be installed on every user's machine.
- No disaster recovery plans are in place.
- No exposed application programming interfaces (API) exist for integrations.
- Inconsistent designs exist for the data model across modules.
- The application allows data entry without appropriate validations.
- The user maintenance functions within VCC are working inconsistently.
- Proper user training and user documentation are lacking.



## **Appendices**

## Appendix A: System Option Cost Estimates

This section highlights potential high-level, or ball-park estimates for each one of the scenarios outlined above. These costs should be considered for planning purposes only. The intent is to provide ICJI with an order-of-magnitude of what the potential initial and on-going costs would be to implement a new Victim Compensation system that match the requirements stated in the System Requirements section. Initial costs include the initial investment in hardware, software products and professional services to develop a custom software solution. On-going costs are usually for enhancements to the system and for support / maintenance.

### Custom Web Application

Initial Investment Estimate – these are the potential costs that ICJI could incur to initially have a Victims Compensation system built that meet the requirements defined.

Component	Potential Investment	Notes
Hardware	\$15,000 – \$25,000	Web Server, business logic server, database cluster servers for a production environment.
Software and Licenses	\$40,000 - \$60,000	Software licenses and database licenses
Software Development	\$500,000 - \$800,000	Identifying requirements, designing the new system, construction, testing, installation and warranty. Also assumes some automated data conversion and some manual data conversion.  The software would be modular: Possible modules would be: Application (internal, external), investigating / awarding, payment, funding / budgeting, and Reports / Monitoring.
Training	\$10,000 – \$20,000	Training staff and external users on the system. This could be reduced if train-the-trainer concepts were to be used.
Oversight	\$150,000 - \$300,000	Project oversight, augment ICJI staff in identifying requirements, testing, training
TOTAL	\$715,000 – \$1,205,000	

Ongoing annual estimate – Typically when a new system is developed, there are enhancements and changes made to it in the first several years. These enhancements should be planned for to ensure the system meets the needs of the agency. In certain occasions, when there are minimal agency personnel to run the system, there is optionally user support personnel requested to support the users of the system. This support would include supporting internal users and external users of the system. It would also include time for additional analysis and the development of ad-hoc queries, and ensure system processes such as periodic payment files are executed successfully.

Component	Potential Investment	Notes
Enhancements and On-going Development	\$100,000 – \$160,000	These are typically 20% of the original software development costs.
User Support	\$100,000 - \$160,000	Support for internal and external users, querying, ensuring processes are executed



## Custom Document Management System

When developing a paperless system, a document management tool is used as the engine for document storage and retrieval. With these systems, there are usually tools that facilitate the workflow through the system. For example, an application may be filled out on-line or submitted in paper form. If it is entered through the system, it may be queued for someone to verify the data. If a paper application is sent, then it would first need to be scanned and then added to the queue. It would then be routed for approvals as additional documents (such as reimbursement claims) are added, and then finally sent for payment. The workflow component will monitor the routing of the application through the system.

For this high-level estimate, the Custom Document Management System would need to have the custom web application (mentioned above) built first. Therefore, for this option, the costs in the section above would need to be incurred and additionally the document management repository and workflow application would be integrated into this solution. The table below outlines the specific hardware, software and configuration/integration costs for the document management tool. This number is subtotaled and added to the high-level estimate provided above.

Component	Potential Investment	Notes
Hardware for document management	\$10,000 - \$15,000	Scanners, storage, and servers to run the repository and workflow software
Software and Licenses	\$20,000 - \$40,000	Server side document management repository and workflow component. Also includes client side licenses for the storage / retrieval and workflows
Software configuration and integration	\$5,000 - \$20,000	Configuration of components. Customizing this system to integrate with the web application
Subtotal	\$35,000 - \$75,000	
Custom Web Application	\$715,000 - \$1,205,000	See section above.
TOTAL	\$750,000 - \$1,280,000	Web application with document management and workflow

Ongoing annual estimate – Additional ongoing costs for the document management and workflow system should be planned for as well.

Component	Potential Investment	Notes
Doc Mgmt On-going Support and Maintenance	\$4,000 - \$8,000	These are typically 20% of the original Software and License costs

## Existing System from Other State / Packaged Solution

Costs for this option were unable to be obtained for the purposes of this report.



## Appendix B: Requirement Comparison to another State System

During interviews with other state victim compensation programs, a portion of the interview time was spent discussing questions about each individual state's processing system. These discussions included questions about when the system was built, its capabilities and functionality and whether it could be used by other state victim compensation programs. The purpose of these discussions was to find a system that could be used as a model by which ICJI could compare its system requirements to. Pennsylvania's system was chosen as a comparison model because it was implemented recently and it has much of the functionality that ICJI requires (including online application submission). The following section provides the comparison of ICJI's system requirements to the functionality of Pennsylvania's victim compensation system. Also detailed are the potential customizations that would be required to tailor the system to ICJI.

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### Functionality Comparison

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#### Module: External Sharing and Interfacing

The Pennsylvania Dependable Access for Victimization Expenses (DAVE) database system does not link with the Social Security Administration to verify social security numbers nor does the state plan on using that functionality in the future. The DAVE system is not yet utilizing paperless document management. The system could easily be upgraded to contain that functionality; however a Pennsylvania State Statute prevents the Victims Compensation Division from destroying paper documents. Thus the VC division has decided to wait until a legislative change has passed. The DAVE system also doesn't automatically interface with a subset of medical diagnosis codes. The claims analysts are provided a link to ICD9 Codes, CPT Codes, and a Medications Lookup page. From there analysts manually perform checks of those codes and determine eligibility. Finally, the Dave system does not link at all with PeopleSoft; rather Human Resources and others departments throughout the state interact through a Commonwealth (State) Enterprise SAP system. In regards to interfacing with other systems, Pennsylvania's system will require some customization to fit the conceptual model for ICJI.

#### Module: Case Management

Pennsylvania has similar case management tool to the ones proposed in the ICJI System Requirements. Pennsylvania doesn't use different modules for different types of crime. There is no different module for a violent crime than an economic crime, for example. However these two do result in different claim types, but the interaction between the user and the interface is the same. The application entry is both dynamic and flexible, allowing for responses of "other" and allowing for descriptions if necessary. It not only restricts submission of an incomplete application if all fields are not complete, it assigns a pin and allows the applicant to return at a later date to review the application. In regards to bill entry, outside entities can enter and view the status of entered bills. The DAVE system was rolled out in 2003 and gradually more people were given access to it. For example in year 3 of implementation Victim/Claimant's were given the ability to review claims, view received and pending bills, and view overall claim status. In year 4, Providers were given access in order to submit and view bills online. And just recently, Victims themselves were given access to file their own applications online. In regards to case management, DAVE matches the functionality of the case management module.

#### Module: Payment Management

The DAVE system has a payment management function that meshes well with ICJI's system requirements. It gives analysts the ability to verify outstanding bill amounts, track warrant numbers, create/cancel payment batches and modify payment amounts. Most importantly, it allows for an electronic transfer of documentation to the State's Treasury department for the payment of bills, although this transfer is not done through PeopleSoft. Further, DAVE allows for emergency payments through its advancement account which allows up to \$1500 dollars to be authorized for immediate payment after an eligibility determination has been made. Again, DAVE fits the ICJI conceptual model in the area of payment management; however some customization to make it compatible with PeopleSoft is necessary.

#### Module: Fund Management

The DAVE system does not contain a fund management module. Rather, fund management is done through the State's Department of Revenue. Therefore, customization of the DAVE system would be necessary to incorporate fund management.

### **Module: Reporting**

Pennsylvania's DAVE system has the ability to use queries to pull a multitude of criteria to include crime type, status type, denial reason and performance metrics like average claim processing time. The DAVE system has both internal and external access to reporting capabilities based upon their assigned roles. Pennsylvania runs annual reports from their reporting module. Again, Pennsylvania shares much functionality in the reporting module as is proposed in the conceptual model for ICJI

### **Module: Administration**

The Dave system again fits well with the ICJI conceptual model in the area of administration. Several external users have the ability to use DAVE via the internet. All of which have varying levels of access based on the role determination given by the Pennsylvania's Victim's Compensation Program. Each user has a unique identification on the system. Internally, claims analysts' changes to applications can be tracked and varying levels of access can be controlled amongst them as well. The DAVE system again matches the Administrative Module functionality well.

### **Other Modules Present in Pennsylvania:**

A module that the DAVE system has that isn't discussed in our conceptual model for ICJI is a materials request module, where advocates and service providers can go and request brochures and other informational materials via the DAVE system online. This module is available to almost everyone who has access to DAVE.

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## **Potential Customizations**

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If ICJI were to adopt the DAVE system, or any other state's solution, customization would be required to make the system work for Indiana. Below is a list of some of the changes:

- **Business Rules:** The DAVE system would require many changes in the business rules because inherently the rules that govern the Indiana victim compensation program are different. There are different determinations of eligibility, compensable crime eligibility differences as well as a maximum award difference. These are only a few examples of the vast differences among state compensation programs. Any system that ICJI seeks will likely need significant customization in this area.
- **Application Changes:** If ICJI seeks a solution with online application submission capabilities; there will have to be modifications in the application fields for Indiana. Since Indiana only accepts sex and violent crime applications the DAVE system would need to be modified to accommodate just 2 crime types. There would also need to be interface design changes to make the Indiana application look unique from other applications.
- **Internal Role Delineation:** The DAVE system allows differing levels of access based on roles established in the system. In order for DAVE to work in Indiana, the internal roles would have to be tailored to fit Indiana's organizational structure. For example, a "supervisor" may have more or less access in Pennsylvania than they might have in Indiana.
- **Social Security Administration Integration:** The DAVE system would need to be altered in order to communicate with the Social Security Administration. Currently the DAVE system does not interface with that agency, and there would need to be collaboration to create the link between ICJI and Social Security.
- **PeopleSoft Integration:** The DAVE system has not previously been integrated with PeopleSoft; rather the state of Pennsylvania uses an SAP Enterprise System. Due to the overhaul of PeopleSoft as the primary financial tool used by state agencies in Indiana, DAVE must be customized to work with PeopleSoft.



- Fund Management: The DAVE system, or any other custom solution, must be customized to handle fund management. ICJI is responsible for the fund level of its account, not another agency; therefore the new database system must have the capability to monitor the fund balance. Further, in order to electronically send payment batches to the Auditor of State who processes payments for ICJI, the new system must again be able to interface with PeopleSoft. The DAVE system does not currently handle fund management.

## Appendix C: Backlog Process

### Backlog Review Process Overview

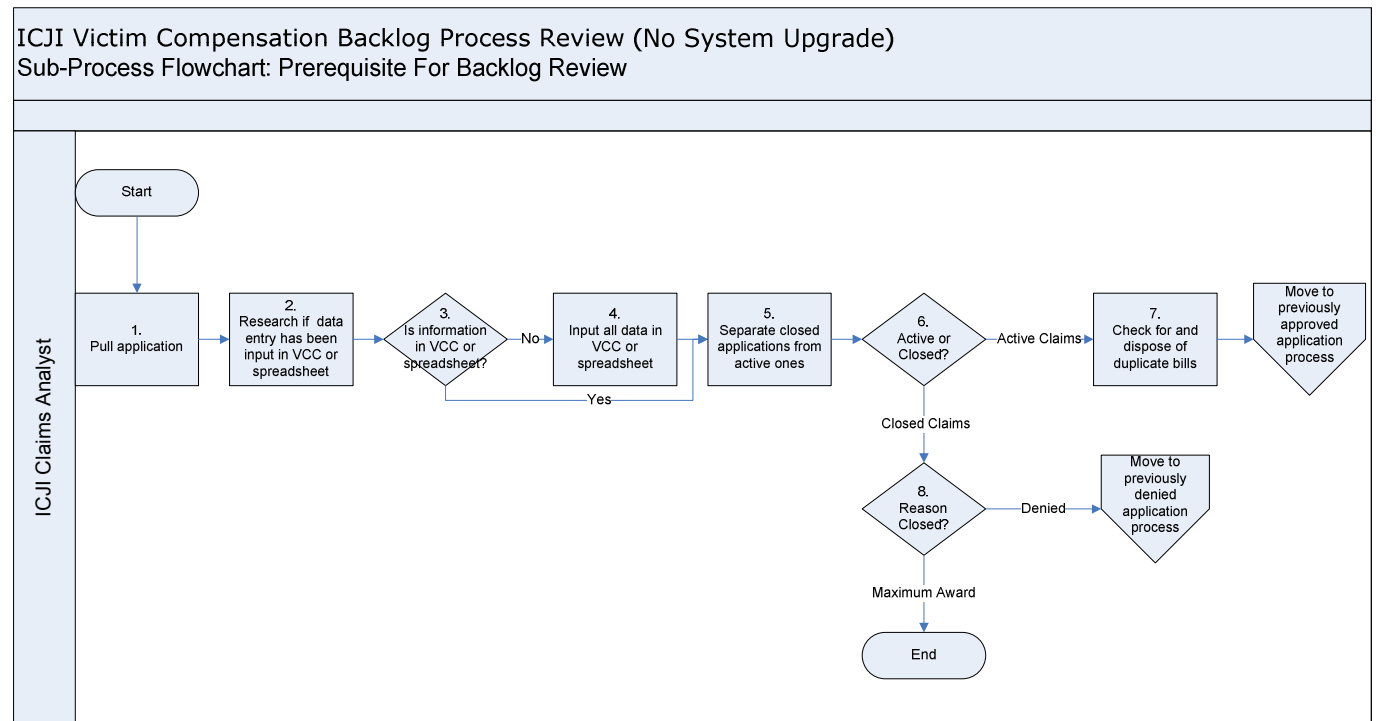
The Backlog Process is a temporary Sub-Process within the Victim Compensation Claims process. It should no longer be needed once the existing backlog of reviewed applications has been eradicated. There are several boxes housed in records management and in ICJI within which lie hundreds of claims that have been reviewed, but not paid. It is ICJI's belief that these applications may be given a final review. Within the backlog review process are two sub processes; applications that have been previously approved, and applications that have been previously denied. Once these applications have been given the final level of review, they will move to other sub processes in the Victim Compensation Claims process (see Appendix D: Current Business Process).

### Prerequisite for Backlog Process

#### Process Overview

ICJI has in its possession several hundred claims that have been denied or approved but not yet paid. These claims are referred to as the backlog. The Prerequisite for Backlog Process represents those initial steps taken to review a backlog claim and determine if it was previously approved or denied.

#### Flowchart



#### Narratives

##### Step 1: Pull Application

Performed by: Victims Compensation Claims Analyst

Take the actual file from where it has been stored to review it again.

##### Step 2: Research if Data Entry Has Been Input into VCC or Spreadsheet



Performed by: Victims Compensation Claims Analysts

Claims Analysts should insure all data entry has been completed for the application. This is important for records management purposes.

### **Step 3: Is Information in VCC or Spreadsheet**

Performed by: Victims Compensation Claims Analysts

This decision point questions whether all data has been entered into the VCC. If no, the information will be put in the VCC, and if yes, the process will move to separating claims.

### **Step 4: Input All Data in VCC or Spreadsheet**

Performed by: Victims Compensation Claims Analyst

Claims analysts must then ensure that all required data entry into the VCC or the spreadsheet is complete prior to review for eligibility of the open claims

### **Step 5: Separate Closed Applications from Active Ones**

Performed by: Victims Compensation Claims Analyst

ICJI believes that closed applications are intermingled among active ones. Applications that haven't been paid need to be separated into active and closed claims. This determination can be made by researching the claim numbers in the VCC or spreadsheet to determine the status.

### **Step 6: Active or Closed?**

Performed by: Victims Compensation Claims Analyst

In this step the claims analysts must decide if an application is closed or open. A closed application is one that has reached the \$15,000 maximum or has been denied. If the application has been closed a determination as to why it was closed is necessary. If the application is open, the process will move toward removing duplicate bills.

### **Step 7: Check for and Dispose of Duplicate Bills**

Performed by: Victims Compensation Claims Analyst

In the boxes that house the old backlogged claims, ICJI believes that numerous bills exist for the applications, many of which are duplicates of other bills. Claims analysts need to determine which of these are duplicates and dispose of those as such. At the end of this step, the application goes into the previously approved backlog process.

### **Step 8: Reason Closed?**

Performed by: Victims Compensation Claims Analyst

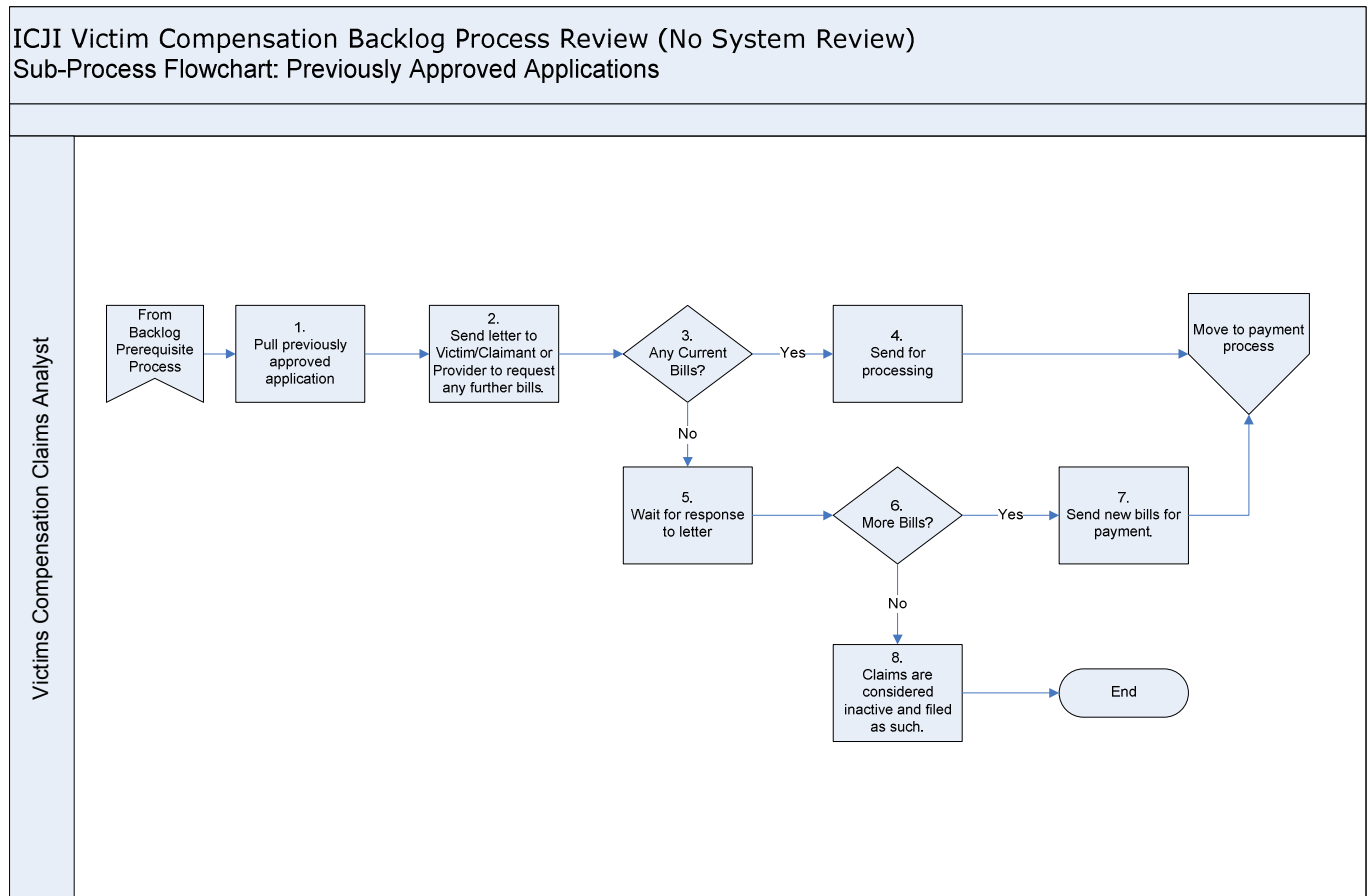
This decision point accounts for why a claim was closed. If a claim was closed due the \$15,000 maximum award being reached, the process will end. If the claim was closed because the application was denied, the claim will move to the previously denied backlog process.

## Previously Approved Application

### Process Overview

Within the Backlog are claims that were previously approved but have not yet been paid. ICJI would like to quickly process the applications for payment. In this process, an application and any current bills are moved to the payment process. In addition ICJI will create a letter requesting the submission of any other bills.

### Flowchart



### Narratives

#### Step 1: Pull Previously Approved Application

Performed by: Victims Compensation Claims Analyst

Take the actual file from where it has been stored and review it again.

#### Step 2: Send Letter to Victim/Claimant or Provider to Request any Further Bills

Performed by: Victims Compensation Claims Analyst

ICJI will now send a letter that requests the Victim/Claimant or Provider send any other bills that they would like to have considered for payment. The letter will also detail that no response within 30 days will result in the application being deemed inactive.

NOTE: ICJI has defined an inactive claim as one that is not paid in full however hasn't had any bill or payment activity in 12 months.



### **Step 3: Any Current Bills?**

Performed by: Victims Compensation Claims Analyst

This decision point accounts for whether there are any bills, currently in possession of ICJI, that can be sent for processing. If there are bills, these are sent to the payment process. If not, ICJI will await the response from the sent letter in the previous step.

### **Step 4: Send for Processing**

Performed by: Victims Compensation Claims Analyst

Any current bills will be sent for payment processing.

### **Step 5: Wait for Response from Letter**

Performed by: Victims Compensation Claims Analyst

If there are no current bills to pay, or after the current bills have been paid, ICJI will wait to see if there will be any subsequent bills from the Victim/Claimant or Service Provider.

### **Step 6: More Bills?**

Performed by: Victims Compensation Claims Analyst

This decision point accounts for whether any subsequent bills were sent in response to the letter in step 2. If there are bills, those bills are sent for payment processing. If there are no bills, the claim is placed in inactive status.

### **Step 7: Send New Bills for Payment?**

Performed by: Victims Compensation Claims Analyst

If subsequent bills are sent, they move to the payment process.

### **Step 8: Claims are Considered Inactive and Filed as Such?**

Performed by: Victims Compensation Claims Analyst

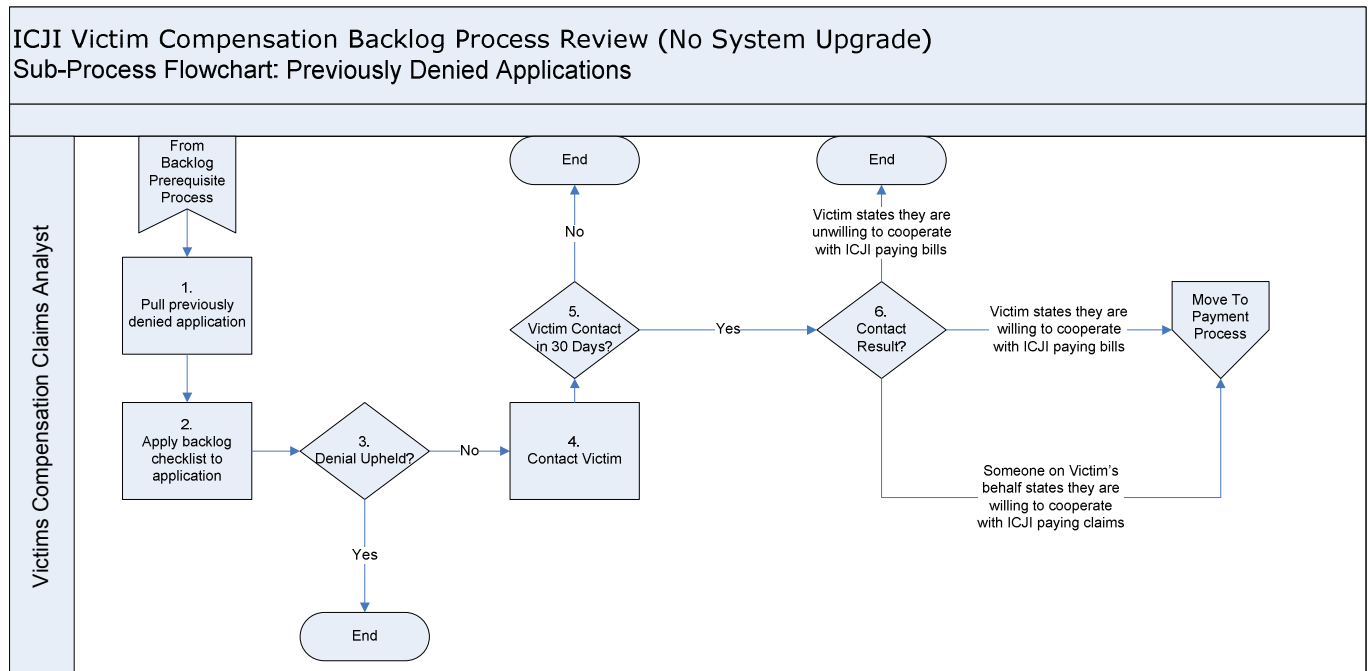
If there are no bills sent, the claim moves into an inactive status. ICJI will now file claims by status. The claims will either be closed, open or inactive.

## Previously Denied Application

### Process Overview

Within the backlog of claims, there are claims that were denied previously for a variety of reasons. ICJI has not decided whether it will be effective to review these claims again; however, if they choose to do so, the Previously Denied Application process represents the steps that they should perform. This process encompasses both the application review and investigation process into one process to increase speed of processing. From here, an application is either finally denied, or moves to the payment process if it is found that the claim is eligible for payment.

### Flowchart



### Narratives

#### Step 1: Pull Denied Application

Performed by: Victims Compensation Claims Analyst

Take the actual file from where it has been stored and review it again.

#### Step 2: Apply Backlog Checklist to Application

Performed by: Victims Compensation Claims Analyst

In the Backlog envision meeting, the Project Team created a checklist of things that would be necessary to investigate the status of a reviewed, yet backlogged application. This checklist includes the following:

- Claimant name
- File Number
- Reason for Denial (Documented),
- Date of
- Application Denial Validity Yes/No (if no, why, to include documentation, cooperation, timing, etc.)
- Bill Validity Y/N





- Collected documentation
- Documentation needed IF DENIED
- Approved/Denied (Final Determination)
- Document the Current Deficiency or reason for denial

### **Step 3: Denial Upheld?**

Performed by: Victims Compensation Claims Analyst

This decision point accounts for whether after final review, the previous denial was upheld. If the denial is upheld, the process will end and the claim will be closed. If the denial is overturned, the process will continue.

### **Step 4: Contact Victim/Claimant**

Performed by: Victims Compensation Claims Analyst

ICJI will contact the victim/claimant to determine whether any interest exists in having ICJI pay the claims; whether they are reachable; and to ensure no change in circumstance has occurred since the initial application process.

NOTE: After the passage of time, the Victim/Claimant may be unreachable because of ICJI having an old address or phone number. There are several available search mechanisms, including an address finder program administered by *Westlaw*, which can be used to find these individuals. As per the new policy, ICJI will seek to use the most expedient contact methods possible, including phone, email, and at last resort, postal mail.

### **Step 5: Contact in 30 days?**

Performed by: Victims Compensation Claims Analyst

This decision point takes into account whether the Victim/Claimant responds to ICJI within 30 days. If the Victim/Claimant does do so, the claim will proceed; otherwise the claim will be closed.

### **Step 6: Contact Result**

Performed by: Victims Compensation Claims Analyst

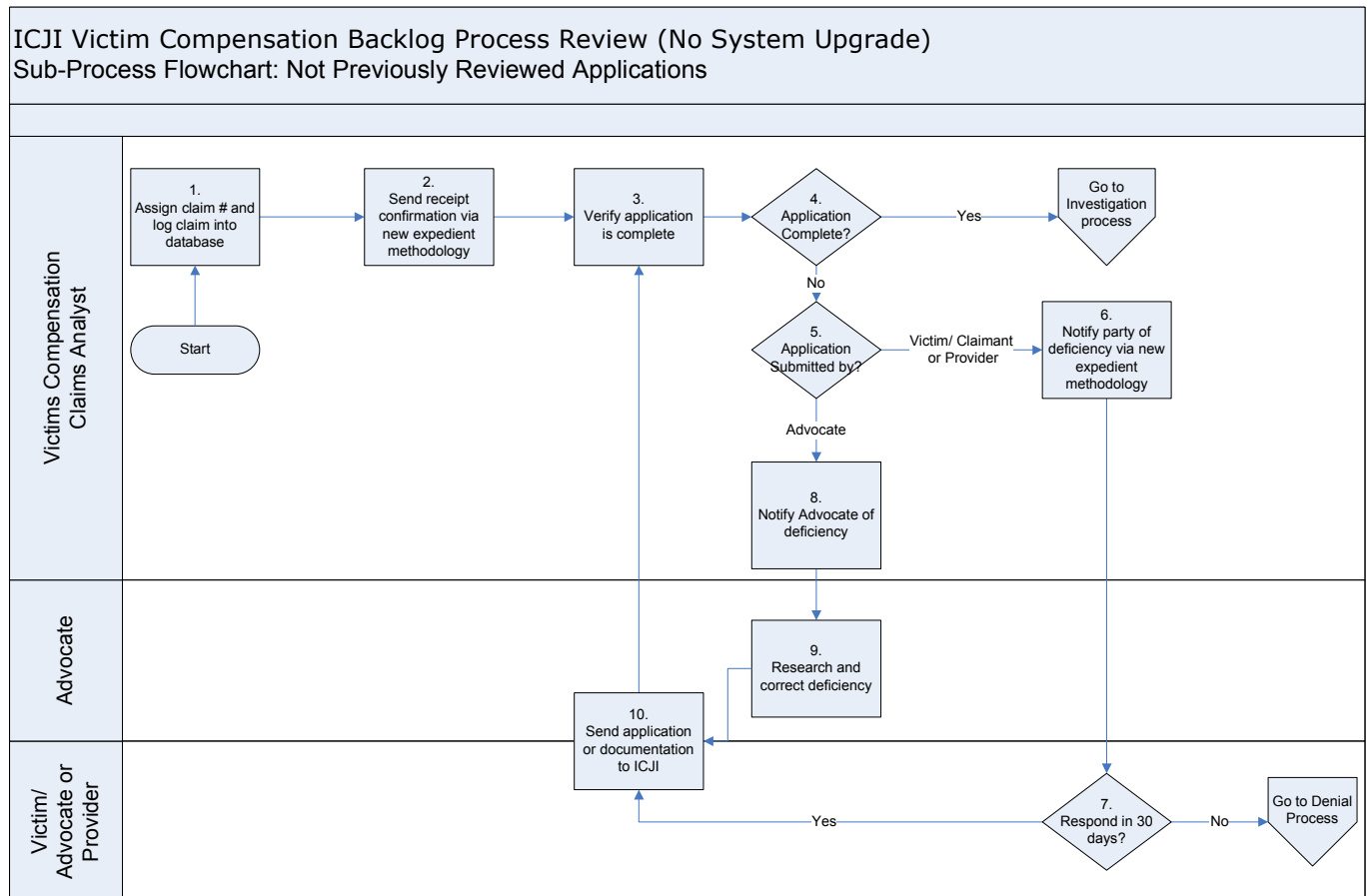
If there is contact from the Victim/Claimant, there can be several results from that contact. The Victim/Claimant can state that they will not cooperate with ICJI in order to pay the claim, and in that case the backlog process will end. The Victim/Claimant may state that they will cooperate with ICJI in order to pay the claim or someone on behalf of the Victim/Claimant may do so in the case of a child or special needs adult. In those cases, the process will continue to the payment process.

## Not Previously Reviewed Application

## Process Overview

Within the backlog of files, there are many applications that have not been reviewed previously. They have been received and possibly entered into the system; however no decision exists. These applications will be reviewed using the same process of review applied to new applications in the future process. The only difference is these applications have already been received and sorted. Below is that workflow.

## Flowchart



## Narratives

### Step 1: Assign Claim # and Log Claim into Database

Performed by: Victims Compensation Claims Analyst

If not already done, assign the claim # and log application into database or spreadsheet. Currently, the application is assigned a claim number and logged into ICJI's claim tracking system. An Excel spreadsheet has been used to track all claims since November, 2005. Claims submitted prior to that time are maintained in the VCC Database, which is in Microsoft Access. Claims are numbered using the following methodology: "S" for sex or "V" for violent, followed by the 2-digit year, followed by a dash and the next sequential number for a claim submitted in that year. An example of the result is "S06-0001" or "V06-0001." In addition to logging the claim into the system, a file folder is created for the application and accompanying documentation. If the application received is an existing application that was returned due to incomplete information or because it is a duplicate, the existing file folder and system record would be used. This process will continue to be used until a new database system can be developed and implemented.

## Step 2: Send Receipt Confirmation via New Expedient Methodology



Performed by: Victims Compensation Claims Analyst

This may have been done on initial receipt. Another confirmation should be sent to show the application is being considered. In the future ICJI will send out notifications for both sex and violent crime applications that the application has been received and is under review. This notification will contain the date of receipt and the file number. This communication will be done using the most expedient methods possible. New applications should contain a field for email addresses. The email address is the fastest method of response and will be used primarily for receipt confirmation. In the absence of an available email, the use of the phone is another method of contact. As a last resort, a letter will be sent by mail as receipt confirmation.

### **Step 3: Verify Application is Complete**

Performed by: Victims Compensation Claims Analyst

The application will be verified for completeness (i.e. all requested information has been provided and the application is signed). For Sex Crime applications involving a minor, it must be evident that the Police and/or Child Protective Services has been notified.

### **Step 4: Application Complete?**

Performed by: Victims Compensation Claims Analyst

The decision will be made as to whether the application is complete or not. If it is complete, the Application Review Process ends and the application will move to the Investigation Process. If not, any application deficiencies will be communicated to the point of origin: the Victim Advocate, the Victim/Claimant or Service Provider, using the most expedient communication method available.

### **Step 5: Application Submitted By?**

Performed by: Victims Compensation Claims Analyst

This decision point accounts for whether a Victim Advocate, Service Provider, or Victim/Claimant submitted the application. If the application was submitted by the Victim/Claimant or a Service Provider, they will be contacted directly through the most expedient communication method available. If the application was submitted by a Victim Advocate, the Advocate will be contacted directly.

### **Step 6: Notifies Party of Deficiency via New Expedient Methodology**

Performed by: Victims Compensation Claims Analyst

If there is a deficiency in an application submitted by a Victim/Claimant or Provider, ICJI will attempt to contact the party using the most expedient method possible. For some the most expedient method will be email. A missing address or phone number field may be corrected through email. If email is not available, fax or phone would be the next communication method. If those two methods fail, postal mail is the next option.

NOTE: ICJI will use the following communication methodology: ICJI will email or phone the Victim/Claimant or Service Provider to correct the deficiency. If the party does not respond within 5 days, ICJI will then send a cover letter stating the deficiency, and include the application in some instances. If that letter is not responded to in 25 days, ICJI will then send a final email or make a final call to the party. After those attempts are made, ICJI will consider denying the application.

### **Step 7: Respond within 30 days?**

Performed by: Victim/Claimant or Provider

This decision point accounts for whether the Victim/Claimant or the Service Provider responded to ICJI's emails, calls or letters within 30 days. As stated above, ICJI will exhaust several expedient communication methods to contact the Victim/Claimant or Provider within the 30 day time frame. If there is no response, ICJI will proceed to the denial process.

NOTE: There is no automatic alert in the system to indicate when the 30 days has lapsed. It requires manual attention from the Claims Analyst to track the dates. In the future, in the absence of a new database system, ICJI will use reminders in the Microsoft Outlook Software Application to track these 30 day limits.



### **Step 8: Notify Advocate of Deficiency**

Performed by: Victims Compensation Claims Analyst

In the event the application was submitted by a Victim Advocate and the application has a deficiency, ICJI will contact the Advocate, using email first, phone second and if need be, postal mail to notify the advocate directly of the deficiency.

### **Step 9: Research and Correct Deficiency**

Performed by: Victim Advocate

The Victim Advocate will correct the deficiency with available information, or may contact the Victim for information needed to correct the deficiency.

NOTE: In the future there will be less interaction between ICJI staff and Victims; rather the Victim Advocate will be the initial contact point.

### **Step 10: Send Application or Documentation back to ICJI**

Performed by: Victim Advocate/Victim/Claimant/Service Provider

In either case, whether the contact was the Victim Advocate, the Victim/Claimant or the Service Provider, necessary documentation or the completed application will be sent to ICJI for processing using the most expedient method possible. Once this documentation reaches ICJI, they will again verify the completeness of the application again at step 1a.6.

NOTE: In the event that the application was mailed back to the Victim, if the application is still incomplete, a phone call will be made to Victim/Claimant or Provider to ensure understanding of what is needed. The incomplete application is again mailed back to Victim/Claimant or Provider, who then will have 30 more days to return the corrected application to ICJI. Time extensions are requested more often in the Investigation Process when birth certificates and police report documents are needed, but generally not as often due to incomplete applications.



## Appendix D: Current Business Process

### Victim Compensation Claims Process

#### Process Overview

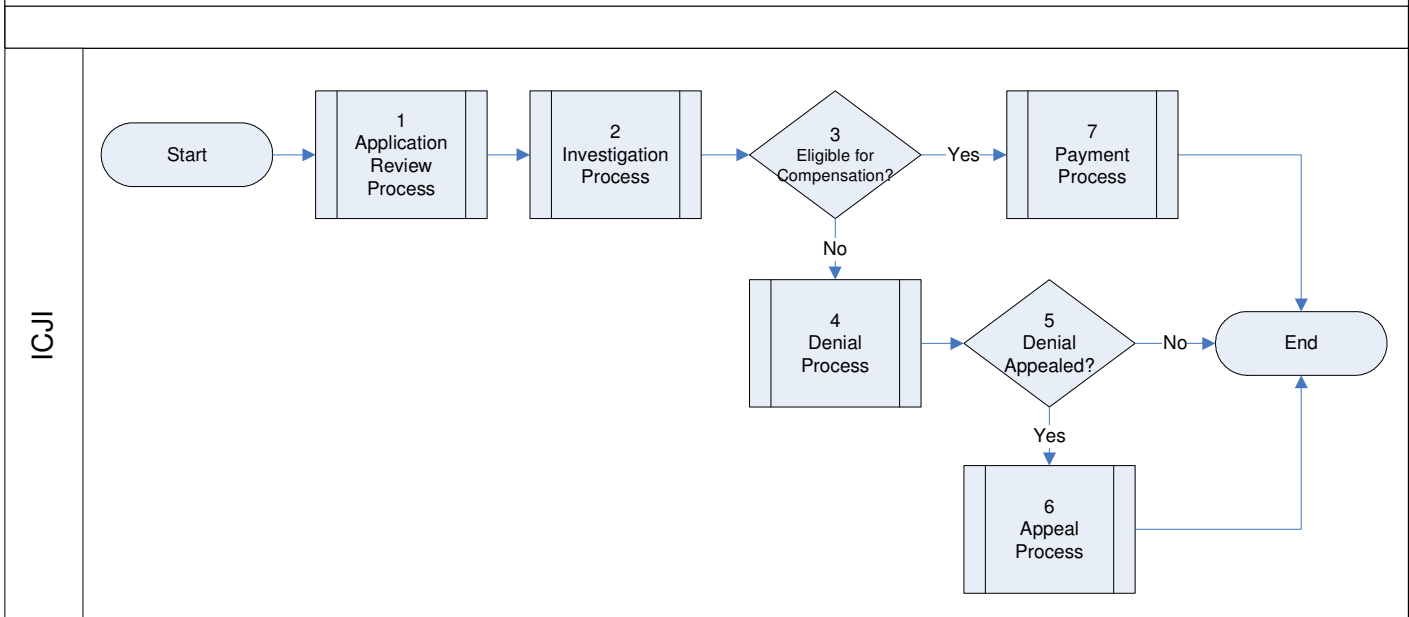
Using dollars from the Indiana Violent Crime Victim Compensation Fund, ICJI assists victims of violent crime and/or their dependents with medical expenses, funeral expenses, lost wages, and psychological support. All rules and guidelines for the Fund are set by Federal and State statutes.

Per Indiana Code, ICJI distinguishes crimes between violent and sex – each with its own set of guidelines. For sex crimes, ICJI is the payer of first resort, and if eligible, will pay the full amount of applicable bills. However, for violent crimes, ICJI is the payer of last resort, and may pay applicable bills up to a \$15,000 maximum, but only after all other payment sources (such as insurance) have been exhausted.

The Victim Compensation Claims Process entails the steps taken to review, investigate, and ultimately pay or deny violent and sex crime compensation applications and claims. ICJI receives approximately 4000 applications each year (3:1 ratio of sex to violent crime). The Victims Compensation Division within ICJI currently has three full-time staff (two claims analyst and one supervisor) to support the process.

#### Flowchart

#### ICJI Victim Compensation Current Process Review High-Level Process Flowchart



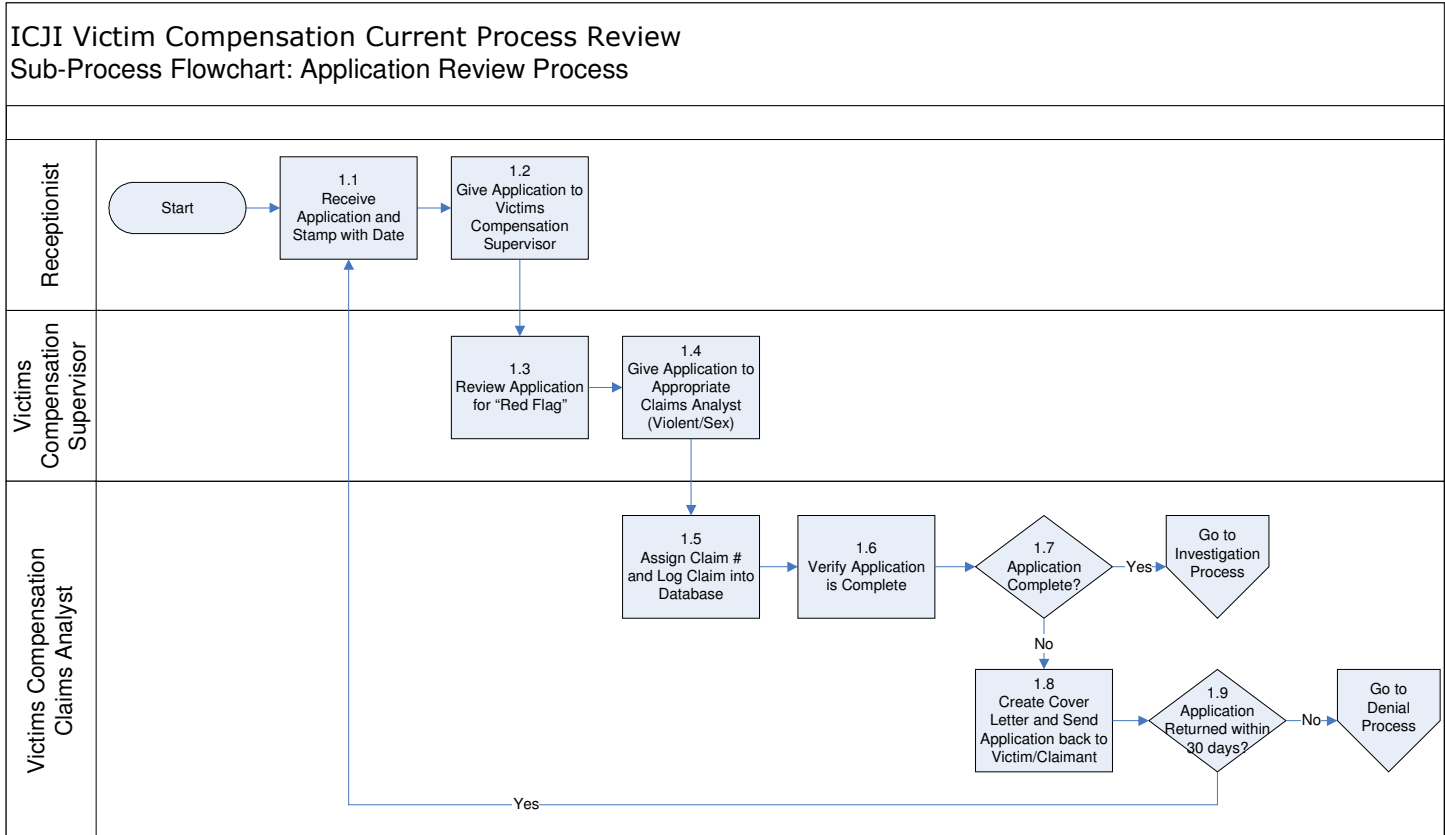
**\*\* All process steps that are diagramed in a box with double lines have a detailed discussion in the following sections.**

## Application Review Process

### Process Overview

The Application Review Process is the initial step in the Victim Compensation Claims process. In this process, Violent and Sex Crime Victim Compensation Applications are received, documented and verified for completeness. ICJI then prepares either to move to the Investigation Process to research the case further or the Denial Process, if an incomplete application was never corrected by the Victim/Claimant.

### Flowchart



### Narratives

#### Step 1.1: Receive Application and Stamp with Date

Performed by: Receptionist

The Violent or Sex Crime Victim Compensation Application is received at ICJI by mail, fax or hand delivery. Violent Crime Applications are usually submitted by the actual Victim/Claimant. Sex Crime Applications are submitted by the Service Provider. These applications are hand stamped with the receipt date upon arrival. If the application is received by certified mail, it is stamped with the date that it was mailed.

#### Step 1.2: Give Application to Victims Compensation Supervisor

Performed by: Receptionist

The application is forwarded to the Victims Compensation Supervisor who performs an initial review of all applications.

#### Step 1.3: Review Application for "Red Flag"



Performed by: Victims Compensation Supervisor

The application is reviewed for “red flags”, something to prevent the normal processing of the application which the Supervisor wants to monitor. An example of a red flag is the presence of litigation in the case.

NOTE: Even though an application is eligible, ICJI will wait to pay a claim when litigation has been identified to verify if the settlement is over the \$15,000 maximum. This is to prevent ICJI from having to recoup their payment later.

#### **Step 1.4: Give Application to Appropriate Claims Analyst (Violent/Sex)**

Performed by: Victims Compensation Supervisor

Each type of application – sex or violent – is handled by a different claims analyst. So, the application is forwarded to the appropriate analyst for processing after the initial review is complete.

#### **Step 1.5: Assign Claim # and Log Claim into Database**

Performed by: Victims Compensation Claims Analyst

The application is assigned a claim number and logged into ICJI’s claim tracking system. An Excel spreadsheet is used to track all claims since November, 2005. Claims prior to that time are maintained in the VCC Database, which is in Microsoft Access. Claims are numbered using the following methodology: “S” for sex or “V” for violent, followed by the 2-digit year, followed by a dash and the next sequential number for a claim in that year. The result is “S06-0001” or “V06-0001.” In addition to logging the claim into the system, a file folder is created for the application and accompanying documentation. If the application received is an existing application that was returned due to incomplete information or is a duplicate, the existing file folder and system record would be used.

#### **Step 1.6: Verify Application is Complete**

Performed by: Victims Compensation Claims Analyst

The application is verified for completeness (i.e. all requested information is provided and the application is signed). For Sex Crime applications involving a minor, it must be evident that the Police and/or Child Protective Services have been notified.

#### **Step 1.7: Application Complete?**

Performed by: Victims Compensation Claims Analyst

The decision is made as to whether the application is complete or not. If it is complete, the Application Review Process ends and the claim move to the Investigation Process. If not, the application is returned to the Victim/Claimant or Provider.

#### **Step 1.8: Create Cover Letter and Send Application back to Victim/Claimant**

Performed by: Victims Compensation Claims Analyst

Because the application has been deemed incomplete, a cover letter is created to inform the Victim/Claimant or Provider what information is still needed. The incomplete sections are also highlighted on the application. The application and cover letter are mailed to Victim/Claimant or Provider to complete the missing sections and return to the Division within 30 days. A note is written in the claim record in Excel that the application was returned and the spreadsheet entry is color coded.

NOTE: Approximately 9 out of 10 applications in Indiana are mailed back for incompleteness. The Victim/Claimant usually ends up calling to verify what is incomplete, generally due to a lack of understanding of the application.

#### **Step 1.9: Application Returned within 30 days?**

Performed by: Victims Compensation Claims Analyst

When the application is returned to the Victim/Claimant or Provider, it is required that the Victim/Claimant or Provider respond within 30 days, either by submitting the requested information, or contacting ICJI to request an extension. In the event the application is not returned in 30 days, the application is subject to the Denial Process. If the Victim/Claimant or Provider responds, the Application Review Process starts over again.



NOTE: If the application is still incomplete when returned to ICJI, a phone call is made to Victim/Claimant or Provider to ensure understanding of what is needed. The incomplete application is again mailed back to Victim/Claimant or Provider, who then have 30 more days to return the corrected application to ICJI. Time extensions are requested more often in the Investigation Process when birth certificates and police report documents are needed, but generally not as often on incomplete applications.

NOTE 2: There is no automatic alert in the system to indicate when the 30 days has lapsed. It requires manual attention from the Claims Analyst to track the dates.



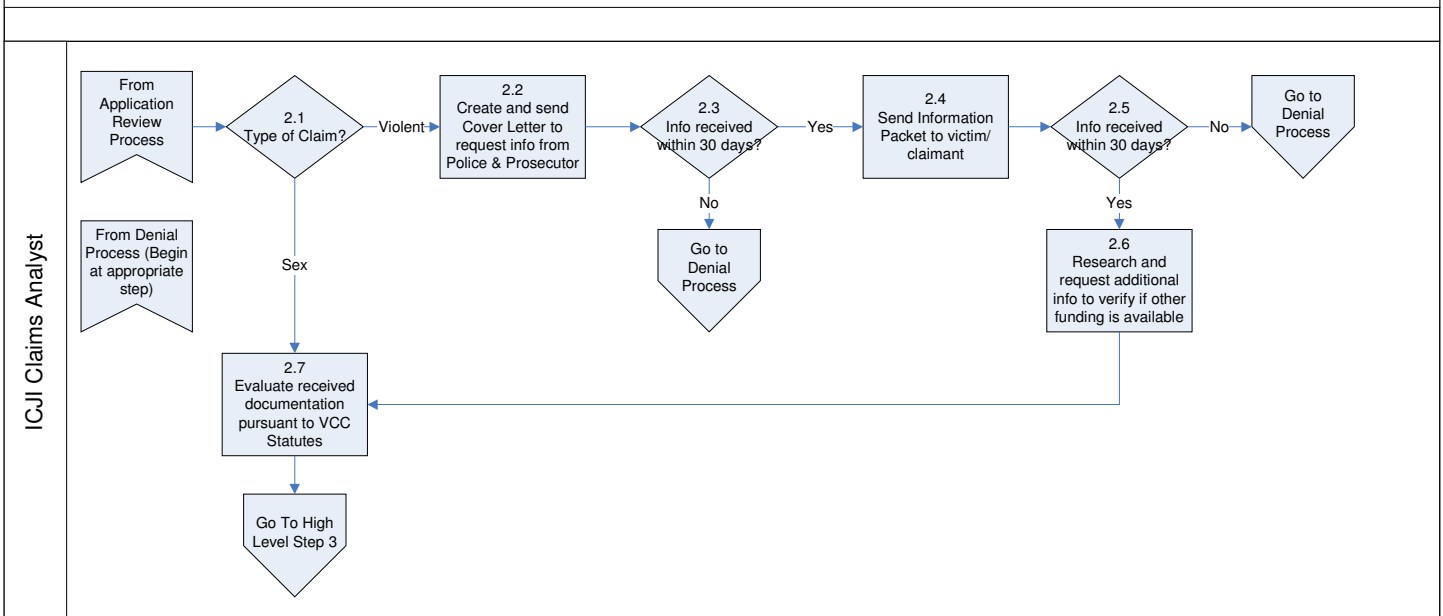
## Investigation Process

### Process Overview

The Investigation Process occurs as a result of the Application Review Process or the Denial Process (if the denial was overturned). In this process, ICJI acquires all necessary documentation to determine a Victim/Claimant's eligibility to compensation, to verify ICJI's statutory obligation to pay claims and determine how much to pay (maximum benefit is \$15,000). This information includes documentation from Police, Prosecutors, Service Providers, Victims/Claimants and so forth. This process is ongoing and only ends when all information necessary to approve or deny a claim is assimilated by ICJI.

### Flowchart

ICJI Victim Compensation Current Process Review  
Sub-Process Flowchart: Investigation Process



### Narratives

#### Step 2.1: Type of Claim?

Performed by: ICJI Claims Analyst

The first step in the Investigation Process is a decision point regarding the claim type. The Investigation Process is inherently different for Sex and Violent Crimes. The Violent Crime Investigation Process is considerably lengthier and is a much more detailed process because ICJI is the payer of last resort on violent claims. The Claims Analyst must verify that all other sources of funding available to the victim to pay the claim have first been exhausted. Steps 2.2 – 2.6 refer only to the Violent Crime Application Investigation Process. The Sex Crime Investigation Process is much less detailed because ICJI is the payer of first resort on sex claims, resulting in a faster overall Sex Crime compensation process.

#### Step 2.2: Create and send Cover Letter to request info from Police & Prosecutor

Performed by: ICJI Claims Analyst

A letter is created to gain information from external stakeholders. The police report must be obtained from the police to understand the nature of the crime and when it took place. A report must be obtained from the prosecutor to verify that the Victim/Claimant is cooperating with the prosecutor's office. These letters require that the external stakeholders reply within 30 days.



### **Step 2.3: Info Received within 30 days?**

Performed by: ICJI Claims Analyst

This step is a decision point of whether the information requested from the police and prosecutor was returned to ICJI within 30 days. If there is compliance on the part of the external stakeholder, the Claims Analyst then sends out the "packet" to the Victim/Claimant. If there is no compliance, the application moves to the Denial Process. The application is denied with the understanding that if the information is obtained by the Victim/Claimant and submitted to ICJI in the future, the application and case will be re-considered.

NOTE: There is no automatic alert in the system to indicate when the 30 days has lapsed. It requires manual attention from the Claims Analyst to track the dates.

### **Step 2.4: Send Information Pack to Victim/Claimant**

Performed by: ICJI Claims Analyst

The Victim/Claimant is sent a "packet" requesting birth certificate, tax returns and other asset verification, medical insurance cards, death certificate, automobile insurance (both parties), filed litigation, and any other information applicable to the case. By statute, there are specific qualifications that apply in determining the eligibility of a Victim/Claimant to receive compensation. The information gathered in this step is the attempt by the Claims Analyst to verify the Victim/Claimant's eligibility and to determine if any other sources of funding exist to pay the claim. As with the police and prosecutor, the Victim/Claimant is required to respond within 30 days.

### **Step 2.5: Info Received within 30 days?**

Performed by: ICJI Claims Analyst

This decision point regards whether the Victim/Claimant returned the application within 30 days. If the Victim/Claimant complies, the Claims Analyst will move toward reviewing the information and determining eligibility. If the Victim/Claimant does not comply, the application will be up for denial. The denial will be under the same conditions as the external stakeholders, where if the Victim/Claimant complies in the future, the application and case will be re-considered.

NOTE: There is no automatic alert in the system to indicate when the 30 days has lapsed. It requires manual attention from the Claims Analyst to track the dates.

### **Step 2.6: Research and Request Additional Info to verify if Other Funding is Available**

Performed by: ICJI Claims Analyst

In this step, the Claims Analyst is continuing to research and request information to determine whether collateral funding is available from other sources. This collateral funding includes insurance payments, donations, litigation, or any other form of payment to Service Providers that could decrease ICJI's liability to pay.

### **Step 2.7: Evaluate Received Documentation Pursuant to VCC Statutes**

Performed by: ICJI Claims Analyst

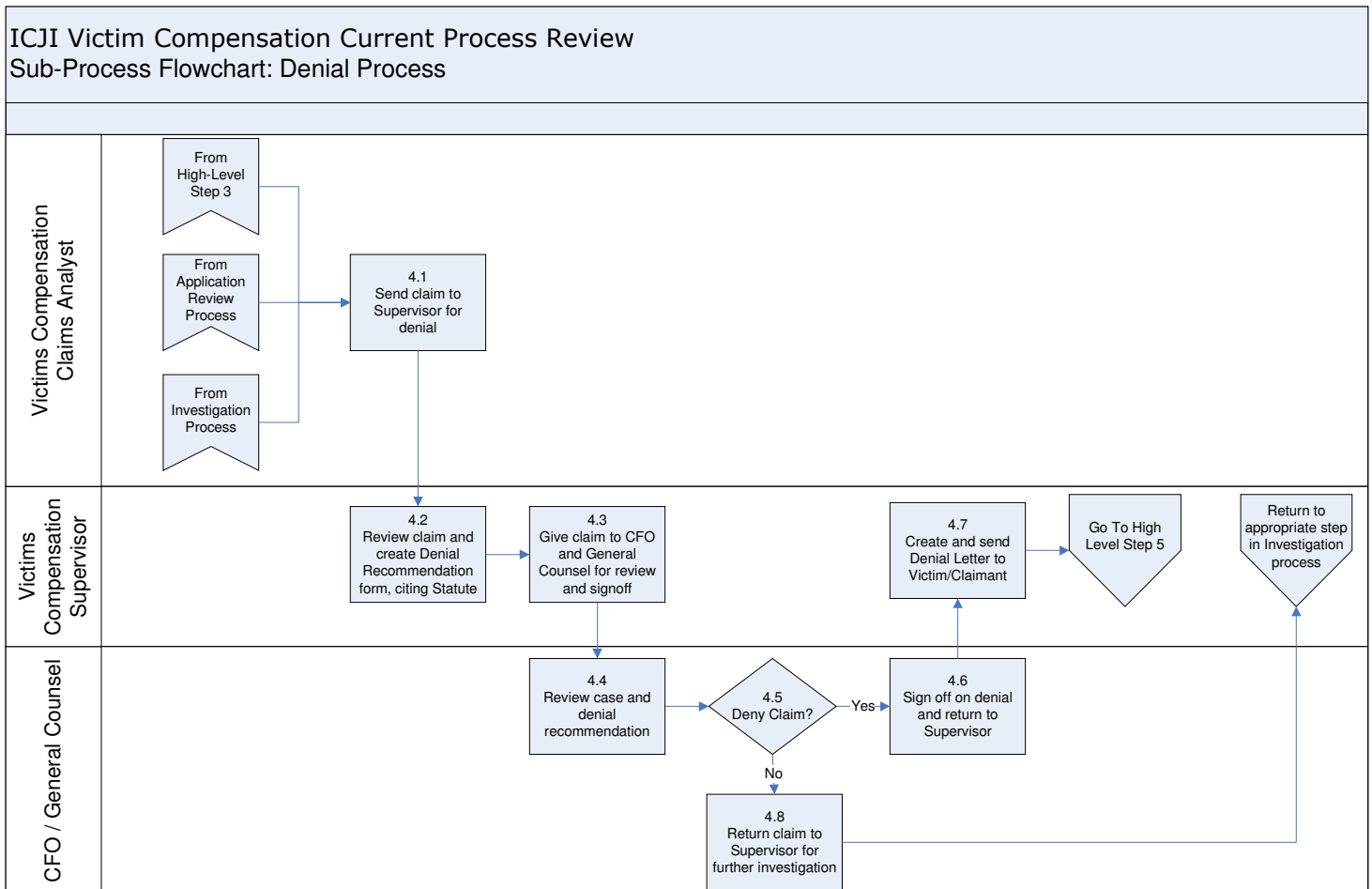
For both sex and violent crime applications, the Claims Analyst reviews documentation gathered from both the Application Review Process and the Investigation Process to make a determination of whether the applicant is eligible for award, and if so, how much are they entitled to.

## Denial Process

### Process Overview

The Denial Process can result from any of the following occurrences: (1) from the Application Review Process if the initial application was returned to the Victim/Claimant due to being incomplete, but was not returned to ICJI within 30 days, (2) from the Investigation Process if it is determined that the Victim/Claimant does not qualify for compensation, (3) from the Investigation Process if an information request to the Police, Prosecutor Victim/Claimant, or Provider is not fulfilled within the 30 day deadline. For any of the reasons mentioned above, the Victims Compensation Claims Analyst can recommend a denial, which initiates process outlined in the following section.

### Flowchart



### Narratives

#### Step 4.1: Send Claim to Supervisor for Denial

Performed by: Victims Compensation Claims Analyst

Upon making the decision that a claim should be denied, the Victims Compensation Claims Analyst sends the file to the Victims Compensation Supervisor for denial.

#### Step 4.2: Review Claim and create Denial Recommendation form, citing Statute

Performed by: Victims Compensation Supervisor

The claim is reviewed to verify that denial is appropriate. A Denial Recommendation form is completed, which states why the application is up for denial, and cites the applicable statute.



#### **Step 4.3: Give Claim to CFO and General Counsel for review and signoff**

Performed by: Victims Compensation Supervisor

The claim file and Denial Recommendation are given to the Chief Financial Officer (CFO) and General Counsel for review.

#### **Step 4.4: Review Case and Denial Recommendation**

Performed by: CFO / General Counsel

The claim and Denial Recommendation are given final review. The CFO and General Counsel both have the ability to overturn a denial and request further investigation or to give final approval of the denial.

#### **Step 4.5: Deny Claim?**

Performed by: CFO / General Counsel

This decision point regards whether the CFO/ General Counsel decide to deny the claim. If they do not deny the claim, it returns to the Victims Compensation Supervisor for further investigation. If they do deny the claim, it returns to the Victims Compensation Supervisor for further denial processing.

#### **Step 4.6: Sign off on Denial and return to Supervisor**

Performed by: CFO / General Counsel

In the event that the denial is approved, it is sent back to Victims Compensation Supervisor for further processing.

#### **Step 4.7: Create and send Denial Letter to Victim/Claimant**

Performed by: Victims Compensation Supervisor

The claim is officially denied. A Denial Letter is created and sent to Victim/Claimant/Provider citing applicable denial statute and outlining the rights to appeal. If the Victim/Claimant/Provider decides to appeal, the next step in the Victim Compensation Claims process would be the Appeal process. If no appeal, the Victim Compensation Claims process ends.

#### **Step 4.8: Return Claim to Supervisor for Further Investigation**

Performed by: CFO / General Counsel

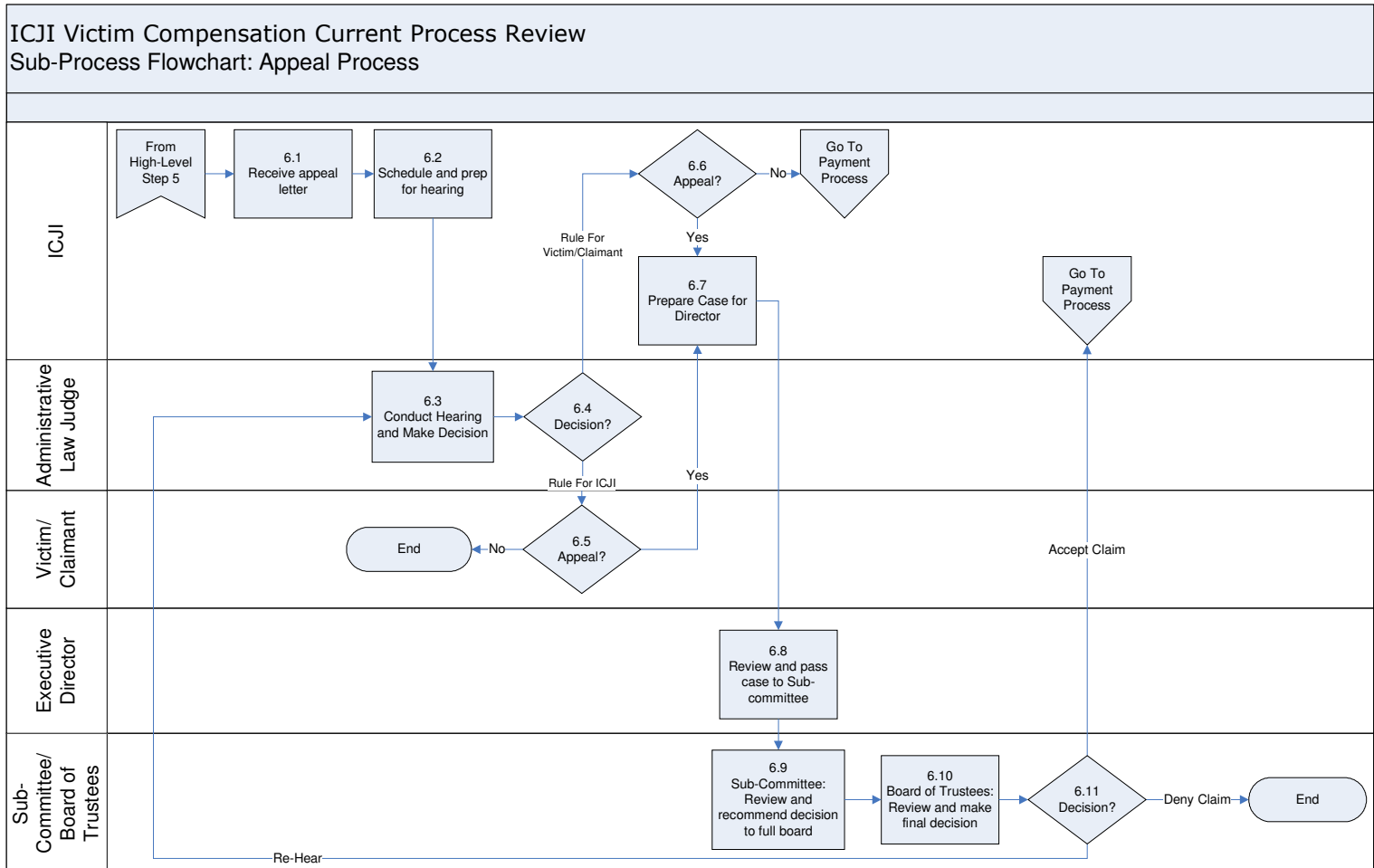
In the event that the denial is not approved, it is sent back to the Victims Compensation Supervisor for further investigation. Based upon the finding of the CFO/General Counsel, the Victims Compensation Supervisor returns to the appropriate stage in the Investigation Process to continue processing the claim.

## Appeal Process

### Process Overview

Any time a claim is denied, the Victim/Claimant has the right to appeal the denial. In the event that a denial is appealed, the following Appeal Process occurs.

### Flowchart



### Narratives

#### Step 6.1: Receive Appeal Letter

Performed by: ICJI

The Victim/Claimant has the right to appeal ICJI's denial by requesting an appeal hearing. Said request must be made in writing and received by the Victims Compensation Division within 30 days from the date of the denial letter.

#### Step 6.2: Schedule and prep for Hearing

Performed by: ICJI

Upon receipt of the appeal letter, the Victims Compensation Supervisor schedules the date for the hearing. ICJI sends a certified letter to appellant, stating hearing date and appeal rights. Additional copies of the appellant's file are created (one for the appellant to be distributed on the day of the hearing and one for the Administrative Law Judge). The Victims Compensation Supervisor prepares a case review (synopsis of case), which is read into record at the beginning of hearing.



### **Step 6.3: Conduct Hearing and Make Decision**

Performed by: Administrative Law Judge (ALJ)

The Administrative Law Judge listens to the facts of the case, weighs the evidence, and then rules on the case within two weeks of the hearing.

NOTE: This decision has historically been in favor of ICJI, with few exceptions.

### **Step 6.4: Decision?**

Performed by: Administrative Law Judge

This decision point accounts for whether the ALJ rules in favor of ICJI or the Victim/Claimant. In either case, both parties can seek the remedy of appealing the ALJ's decision. Victim/Claimant or ICJI may appeal the ALJ's decision by submitting a written request to ICJI's Executive Director and Board of Trustees within 21 days from the date of the ALJ's decision.

### **Step 6.5: Appeal?**

Performed by: Victim/Claimant

The decision point accounts for the Victim/Claimant's right to appeal the hearing officer's decision. If the Victim/Claimant decides to appeal, they can appeal in writing as stated above. If the Victim/Claimant does not appeal, the process ends.

### **Step 6.6: Appeal?**

Performed by: ICJI

This decision point accounts for ICJI's right to appeal the hearing officer's decision. If ICJI decides to appeal, they can appeal in writing as stated above. If ICJI does not appeal, the application will move onto the Payment process.

### **Step 6.7: Prepare Case for Director**

Performed by: ICJI

As with the ALJ hearing, the Victims Compensation Supervisor must prepare a copy of the case for the Executive Director and the Board of Trustees review. A copy of the ALJ order is made and given to Executive Director for review, along with a tape of the ALJ hearing.

### **Step 6.8: Review and Pass Case to Sub-committee**

Performed by: Executive Director

The case is reviewed and then placed on the docket for review by the Board of Trustees sub-committee.

### **Step 6.9: Review and Recommend Decision to Full Board**

Performed by: Sub-Committee

A copy of the ALJ order is made and given to Sub-Committee for review, along with a tape of the ALJ hearing. The case is reviewed and the Sub-Committee prepares a recommendation for the full Board of Trustees.

### **Step 6.10: Review and Make Final Decision**

Performed by: Board of Trustees

The case is reviewed. The Board uses the sub-committees recommendation to make the final decision.

### **Step 6.11: Decision?**

Performed by: Board of Trustees

This decision point encompasses the Board's decision on the case. The Board can deny the claim, in which case the Appeal process ends. The Board can choose to approve the claim in which case, the claim proceeds to the Payment process. The Board can also order the ALJ to rehear the case with specified guidelines given to the ALJ. A letter is sent to the Victim/Claimant stating the decision of the Board.



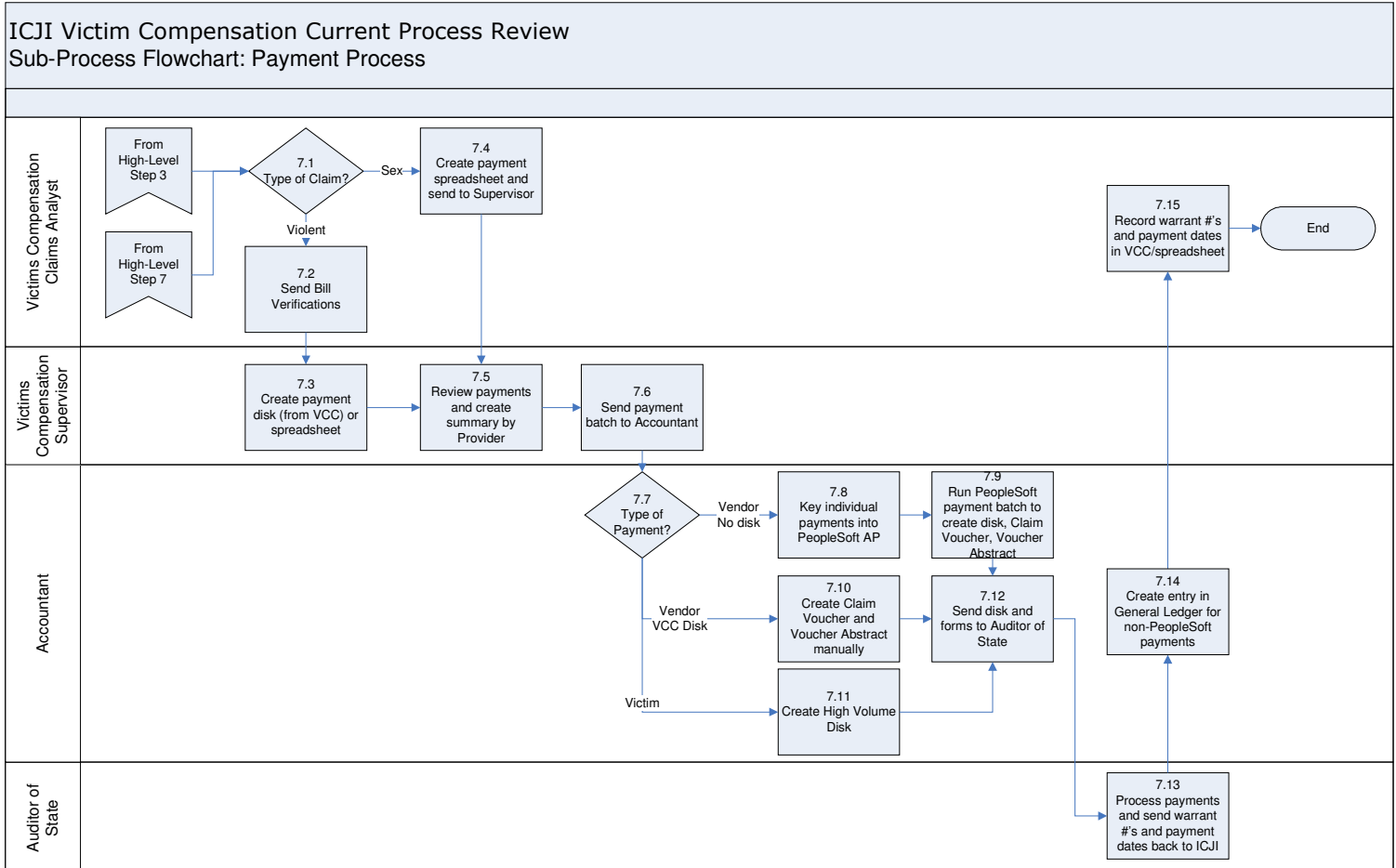
NOTE: It is important to note here that the appeal process can proceed past the Board's decision to the civil court system. The Administrative Orders and Procedures Act states that all administrative remedies must be exhausted prior to seeking this form of remedy, and after Board review, all administrative remedies have been exhausted. Any entity to include, the Victim/Claimant, Provider, or ICJI can seek this form of remedy.

## Payment Process

### Process Overview

When a violent or sex crime claim is approved for payment, the Payment process is performed. Prior to the Payment process, the Victim/Claimant's application was approved and bills received to accompany the claim.

### Flowchart



### Narratives

#### Step 7.1: Type of Claim?

Performed by: Victims Compensation Claims Analyst

The Payment Process begins with a decision point of whether the claim is a Sex crime claim or a Violent crime claim. There are differences in the two claims that warrant this distinction. A Violent crime claim requires bill verification documentation that is not needed for sex crime claims.

#### Step 7.2: Send Bill Verifications

Performed by: Victims Compensation Claims Analyst

For a Violent crime claim, prior to payment, a bill verification document is sent to the potential payee(s) in an attempt to verify the amount ICJI is required to pay.

NOTE: Because ICJI is currently in a backlog situation on paying violent claims, this step is vital. Some providers may have written off the debt or found payment through some other source that would negate payment from ICJI.





### **Step 7.3: Create Payment Disk (from VCC) or Spreadsheet**

Performed by: Victims Compensation Supervisor

In the VCC database, the records that are to be paid are marked with a payment date and the payment batch is created. VCC is able to produce a payment disk that is to be sent to the Auditor of State (AOS) for processing. However, if the disk cannot be created, or if AOS has trouble reading the VCC disk, a spreadsheet must be created with all of the payment records.

NOTE: The claims are processed monthly at ICJI.

### **Step 7.4: Create Payment Spreadsheet and send to Supervisor**

Performed by: Victims Compensation Claims Analyst

ICJI has paid all Sex claims past November 2005, so all payments for Sex claims now come out of the Excel spreadsheet. The Claims Analyst prepares a separate spreadsheet to list all of the claims that are to be paid. The vendor must be verified in the VINQ file ( AOS's vendor master listing).

### **Step 7.5: Review Payments and Create Summary by Provider**

Performed by: Victims Compensation Supervisor

The Victims Compensation Supervisor receives all payment spreadsheets and creates a summary spreadsheet by vendor. The Victims Compensation Supervisor also reviews the batch disk to verify the payments.

### **Step 7.6: Send Payment Batch to Accountant**

Performed by: Victims Compensation Supervisor

The spreadsheets and batch disks are passed to the Accountant for payment processing.

### **Step 7.7: Type of Payment?**

Performed by: Accountant

Payments to vendors (Providers) are processed differently than payments to Victims. In addition, vendor payments from the VCC disk are processed differently than vendor payments that had to go on a spreadsheet. For this reason, this decision point accounts for what type of payment is being processed.

### **Step 7.8: Key Individual Payments into PeopleSoft AP**

Performed by: Accountant

Payments that are not put onto the VCC disk for AOS to process must be entered into PeopleSoft Accounts Payable (AP) in order to have PeopleSoft produce the payment disk for AOS.

NOTE: This process step can take up to 8 days depending on the number of claims.

### **Step 7.9: Run PeopleSoft Payment Batch to create Disk, Claim Voucher, Voucher Abstract**

Performed by: Accountant

After entry of individual claims into PeopleSoft, a payment batch is run to create the payment disk, Claim Voucher forms and Voucher Abstracts required by AOS for processing.

### **Step 7.10: Create Claim Voucher and Voucher Abstract manually**

Performed by: Accountant

If the payment disk was successful from the VCC, the Accountant only has to create the Claim Voucher and Voucher Abstracts to accompany the payment disk to AOS.

### **Step 7.11: Create High Volume Disk**

Performed by: Accountant



When issuing a check to a victim directly, there is no ongoing financial relationship, thus there is no need for a W-9. These individuals are not added to the AOS vendor master and are termed “high volume”. These payments are entered into the High Volume disk program to be processed separately from vendor payments.

#### **Step 7.12: Send Disk and Forms to Auditor of State**

Performed by: Accountant

All forms and diskettes are sent to the Auditor of State for payment processing.

#### **Step 7.13: Process Payments and send Warrant Numbers and Payment Dates back to ICJI**

Performed by: Auditor of State

AOS processes all payment and sends warrant numbers and payment dates back to ICJI for input in ICJI's system.

NOTE: ICJI manually creates the Remittance Advice documents for all payments because AOS is unable to send the appropriate level of detail with direct deposit payments.

#### **Step 7.14: Create Entry in General Ledger for non-PeopleSoft payments**

Performed by: Accountant

For all payments that were entered into PeopleSoft AP, an entry was automatically created in the General Ledger. Therefore, any payments not entered in PeopleSoft AP require a manual entry in the General Ledger upon receipt of the warrant numbers and payment dates from AOS. The Accountant creates a lump sum entry in the General Ledger to record the payments.

#### **Step 7.15: Record Warrant Numbers and Payment Dates in VCC/Spreadsheet**

Performed by: Victims Compensation Claims Analyst

The warrant numbers and payment dates from AOS are recorded in the VCC database or the Excel spreadsheet depending on the origin of the payment. The VCC fund balance is updated in the VCC database to reflect the payments.

#### **Payment Process Exceptions:**

##### ***Returned Warrants:***

- If payment was entered in PeopleSoft AP for processing: The payment record in PeopleSoft is cancelled, which automatically updates the General Ledger. A credit is recorded in the VCC database or Excel spreadsheet depending on where the claim originated.
- If payment was not entered in PeopleSoft AP: A credit is recorded in the VCC database or Excel spreadsheet depending on where the claim originated. A manual entry is created in the PeopleSoft General Ledger to record the credit.

##### ***Reimbursements:***

ICJI must report money received from Restitution Recoveries, Civil Suits and DOC. When these amounts are received, a record is created in the VCC database. A manual entry is created in the PeopleSoft GL.

##### ***Recoupment:***

ICJI turns cases over to the Attorney General's office to recoup money in situations of overpayment.



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## Reporting

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ICJI is required to submit two annual reports to the Federal Government.

1. Victims of Crime Act Victim Compensation Grant Program *State Performance Report*
  - This report is due each December for the Federal fiscal year ending September 30.
  - The information is extracted from the VCC database and spreadsheet to complete the report manually.
2. U.S. Department of Justice Office for Victims of Crime *Crime Victim Compensation State Certification Form*
  - This reported is submitted with the annual grant application to the Federal government. It is submitted in the January – March timeframe for the previous Federal fiscal year.
  - The information is extracted from the PeopleSoft General Ledger and the VCC database.



## Appendix E: Best Practice Research

	Indiana	New Mexico	Minnesota	Iowa	Florida	Pennsylvania	Wisconsin
Claims Per Year	4000	1500	1800	3000	22,000	6800	3000
Claims Analysts	2 (3 Total Staff)	7 (12 Total Staff)	10 (11 Total Staff)	11 (16 Total Staff)	26 (43 Total Staff)	8 (18 Total Staff)	7 (9 Total Staff)
Caps	\$15,000	\$20,000/50,000** Catastrophic Injury Cap	\$50,000	Limits on Individual Expenses	\$10,000-Medical/\$25,000 overall	\$35,000	\$40,000
Benefits Paid Per Year (2006)		\$1,882,285	\$3,889,539	\$6,029,883	\$22,581,348	\$12,278,205	\$2,972,525
Separation of Sex and Violent Crimes	Yes	No	No	No	No	No	No
Claims Processing Speed	Not measurable at this time	Current-114 Days, Other-90-150 Days	4-6 Months	40 Days on Claims, 48 Hours for Homicides	Daily for "Perfected Claims", 14-21 Days for Claims needing RFI's	Currently- 16 - 84 weeks,	6-8 Weeks for Initial Application
Questions							
1. What is the time limit per statute that you are allowed to hold a case open and does the statute denote what you should do outside of that time?	In Indiana, claims are left open until max is reached.	There is no limit to how long a case can be held open, they can be open indefinitely. However New Mexico does have a two year requirement that states victim must have file a claim within 2 years of incident.	Cases stay open until the \$50,000 maximum payment amount is reached. No case information is destroyed, Minnesota Statute requires the reparations division to keep these files and thus they are stored permanently.	There is no statutory limit, cases are held open indefinitely. Iowa does not have an overall cap rather caps on individual benefits. Cases are open until all benefit caps are reached.	There is no limit per statute of how long a case is held open. Florida Victims Compensation keeps cases open until the cap is reached. There is no paper records management, the state uses electronic imaging and is completely paperless.	Claims remain in an open but inactive status for claims with payments up to the maximum is met. Claims where eligibility cannot be determined are held in an open but inactive status until the requested information is received to determine eligibility. If the information is not received within two years the claim is then closed automatically by the System. Claims where eligibility can be determined, but no loss is ever realized, are kept in an open but inactive status for five years. In both the two year and five year statuses, we contact the victim at least three times each for the requested information. If the claims are closed after the two or five year deadline, those claimants have no further rights of appeal on those claims.	Wisconsin keeps claims open until max is reached. There is no electronic imaging and thus the physical records are kept.



	Indiana	New Mexico	Minnesota	Iowa	Florida	Pennsylvania	Wisconsin
<b>2. How does your victim compensation department get access to the infinite number of diagnosis codes on itemized bills and how fast can those bills be processed?</b>	Research CPT codes online and use sources such as WebMD.com	New Mexico doesn't use diagnosis codes in their system, their claims analysts look at the CPT guidebook for eligibility determination, but no real uses of codes in system.	The staff simply uses the CPT code guidebook and not much else.	They use the CPT guidebook for eligibility determination but no diagnosis codes are used in the system, they require medical records and itemized bills.	Florida claims analysts use the CPT handbook, not much else.	We currently reference the website <a href="http://www.icd9coding1.com/flas_hcode">http://www.icd9coding1.com/flas_hcode</a> , which is a free online directory of diagnosis codes. We also ask for verification from the provider on the charges and if they are directly related to the crime. Bills can be processed anywhere from a few weeks to a few days for supplemental.	CPT Guidebook
<b>j3. Does your Victim Compensation department run into a problem of receiving duplicate bills and how is this situation resolved?</b>	Tracking duplicate bills is performed manually by the claims analysts and is extremely labor intensive.	Yes, the claims analysts create a separate spreadsheet, outside their database system that tracks all submitted and paid bills. The duplicate bills are checked against the spreadsheet prior to entry into the database.	This is a huge issue and a huge problem for Minnesota. As they put duplicate bills in their system, the system notifies them of duplicate date/time/amounts and asks that they investigate. Marie said that when Minnesota investigates a new system, online status checks will be a priority.	Duplicate bills are handled by each investigator who creates a spreadsheet of bills for that victim and tracks the duplicates with that spreadsheet. Note: Claims investigators are assigned a case and follow it to the end.	Florida's database system is set up to catch duplicate bills. It has an alert feature that notifies the claims analyst of repeat bills, with cross check functions for both patient and victim sent bills.	Yes, we received many duplicate bills; our staff is very good about checking for duplicates. We also have edits in the DAVE System to catch these as well in case a staff member misses it.	Claims analysts horizontally follow individual claims through every stage of the process. Therefore it is the task of the claims analysts to verify duplicate bills. Carol notes that if a system could do this step for her, time would be gained.
<b>4. According to your state statute, what is/should be the policy on the order at which bills are paid? Is it okay to pay only victims first for out of pocket expenses, then the providers if there is still money left? etc.</b>	The Indiana VC statute states that the Division must pay older claims before newer ones. The Indiana Administrative Code states that awards are paid in the following order: 1. Reasonable Attorney Fees, 2. Outstanding Medical and Funeral Expenses, 3. Reimbursement of compensable out-of-pocket expenses, 4. Loss of income the victim would have earned had the victim not been injured, 5. Loss of financial support that the victim would have supplied to legal dependents had the victim not died or been injured.	The statute is very flexible on this allowing the division to make that policy decision. It has been the practice of their Board (who controls EVERYTHING) to pay the victim FIRST and then to prorate among the service providers the remainder of the money.	Minnesota is a last payer of everything to include violent and sex crimes. Most people don't reach their \$50,000 cap, so there is generally no problem here.	There is nothing statutorily written on who is paid first. Iowa attempts to pay victim out of pocket expenses and lost wages first. They attempt to process homicide claims within 48 hours to let claimants know how much money they have available for the funeral. (Iowa has 60 homicide cases in the state per year). They have an unwritten rule to pay the little guy (ambulance, independent service providers) first and then the hospitals. They have a wonderful relationship with hospitals and other service providers who when overpaid seek out their victim assistance division to return overpaid money's.	The Florida Statute is silent here, the office policy is to pay victim out of pocket expenses first and then pay service providers on a first in- first out basis. Florida also has a statute that states 75% payment of a provider claim is considered paid in full.	We pay the smallest provider first and then the largest to take care of as many bills as possible. We try to pay all of the providers in full (which is 70% of the charges), and then the victim would get reimbursed for any bills they paid out of pocket and then loss of earnings, etc.	The policy is to pay victim out of pocket expenses first, followed by hospitals and service providers. Wisconsin has an agreement with hospitals that a payment of 2/3 is payment in full although stand alone service providers have yet to agree to this.



	Indiana	New Mexico	Minnesota	Iowa	Florida	Pennsylvania	Wisconsin
<b>5. How did you go about your latest change in application, what states did you view as models for that change? Who has a great application?</b>	Indiana has not had an application change recently, they have a proposed Violent Crime Application, but no action has been made on adopting it as a new application.	New Mexico hasn't dramatically changed its application in nearly 12 years. They have changed minor parts of the application recently, but did not examine other states' applications to do so.	Minnesota hasn't changed its application in many years. Marie did say that she really like Iowa's application and would reference it as a good model. It is very simple and easily filled out by victims. She does not like California's application and its 20 page "packet"	There hasn't been any recent application change activity. Iowa's application is attached to a brochure that's tells all about the Victim Compensation program. The application is also Postage Paid. They try to limit all victim payments to include the postage on the application. They also have a telephone application as well, but a signed release needs to be returned to begin application review process. However these applications result in more accurately completed applications.	Florida has not made many wholesale changes in its application; however the state has amended the application as necessary. They note that Texas would be a good application to look at.	Actually PA has gone from one of the worst programs to one of the best. We didn't really view any other models because we knew that we wanted to design from the ground up. I'm a bit prejudice but I would have to say that DAVE is an excellent application.	Wisconsin has made several application changes. The state has made it less encompassing and more user friendly. Wisconsin has also created a Spanish version of it. Carol notes that Pennsylvania and California's applications are good models.
<b>6. If your state uses paper applications, what is your policy on missing items on the application. For example, if a victim leaves the address field blank, but the address is written in another field, does your staff just fill that item into the missing field, or do you mail it back to the victim? (9/10 in Indiana are returned for this reason)</b>	Incomplete forms are mailed back to the victim with a cover letter stating the deficiency on the application. The application must be returned within 30 days or the application will be denied.	New Mexico's policy is to intake and log the application and then to send back incomplete items. However, they will phone the victim if things like address, phone number, etc. are missing. They mail back applications primarily when the application is not signed.	Absolutely not, Minnesota will call the victim and/or fill in missing pieces on applications. They will enter missing information into their database system as well. Mailing back of applications generally occurs when people forget to sign the application. The mail interaction is a huge cause for time delay and they want to avoid delays at all costs.	Iowa generally fills in information and inters the information into the computer system. They mail back applications that are missing signatures. They even include a postage paid envelope for the return of the application. Unlike Indiana, Iowa does not deny claims for missing information to include signatures. They can approve these applications and put them into the eligible, not eligible for pay category.	Florida attempts to correct small errors by contacting Victim/Claimant or Provider by phone/fax/email/ mail, which ever is more expedient. There is no mail back of applications because the Florida system is paperless. All applications are scanned into the database system on arrival, and the paper document is shredded. Florida gets 60% perfected applications, which by their vernacular means that they have everything necessary for processing and can be processed in the same day. 40% of their applications require and RFI or request for information.	Incomplete claim forms are not returned to the victim. Pennsylvania will acknowledge the receipt of the claim and then ask them to complete the incomplete portions of the claim form. Our staff would copy the sections needed and send that to them. The claim form is kept here. If the information is not received in two years to determine eligibility, the claim will be closed with no further rights of appeal.	Incomplete forms are not returned to victim. Wisconsin claims analysts phone for missing information and only mail back an application when a signature is missing. When the state receives the application is it logged into system and an acknowledgement letter is sent to the victim, which is automatically created by their database system. The state Victim Compensation program is responsible for getting information from police agencies and prosecutors. At worst, these reports come back in three weeks, with most returning in about 10 days.
<b>7. What type of tracking and alert mechanisms does your database system have, and in what capacity do you use them?</b>	There are no tracking systems in the Excel Spreadsheet. The VCC database may have some alert mechanisms, however it is not in use in a full time capacity	The staff has the ability to enter what notifications they want in the system, to include reminders on application returns, and can enter comments on the reminder, for example, "application due back in 30 days"	Minnesota does not have many time sensitive alerts to include when things are due back, however Marie laments that she would really like such functionality.	Iowa has many tracking mechanisms, to include a pending letter file that records all requests for information. Every Thursday, a reminder pops up for all letters that have not been responded to.		Pennsylvania has an event log showing every status-process-reason code that the claim has gone thru. We also have alerts that tell staff when something needs done on a claim, ex. New bill received, all mandatory docs received, etc. The staff and management have access to claim management reports that assist them in processing their claim in a timely manner.	The Wisconsin system is lacking in tracking mechanisms, however they use their desktop calendars to give alerts.



	Indiana	New Mexico	Minnesota	Iowa	Florida	Pennsylvania	Wisconsin
<b>8. When a claim is received and approved, what type of notifications are sent and with what word usage?</b>	Indiana does not send notification of receipt of the application, nor do they send approval letters stating that the application has been approved. They do however send denial letter.	New Mexico acknowledges receipt of application with an automatic letter. The use of the window envelope is an overwhelming time saver in the area of addressing envelopes. They also send an award letter that is itemized by what will be paid, and what will not be. Their denial letters are also itemized, with applicable state denial code.	Minnesota sends out notification of receipt/consideration immediately. They notify victim claimant that it will be 4-6 months before they will receive an approval/denial. All letters, to include, receipt letter, approval letter, and denial letters are all automatically generated by system and saves great amounts of time. The approval letters are itemized lists of what bills will be paid, which bills won't, and stating applicable statutes. The same can be said for the denial letters. If in the future, if they find that they have paid a person they shouldn't have, they still pay. They then write a letter stating that they know of the change in circumstances and follow up treatment or bills will not be paid. They are also the last payer in all instances.	Iowa mails out receipt verification, approval letters that are itemized by approved bill, denied bills and amount. When paying money to service providers in mass quantities, to include hospitals, the letters include victim name, service date and the amount paid. Iowa generally pays the amounts listed in the approval letter; they feel confident that the service providers will send overpayments back to them.	Florida sends a receipt and confirmation along with an eligibility notice that states whether they are eligible for payment. If Florida finds later that a victim is ineligible for payment, they send a notice of ineligibility and stop payments. They recoup money in this instance and also if any portion of the application is falsified.	An acknowledgement letter is sent when a claim is received. A Review and Determination (R&D) is sent with every decision that is made for payment. We also have denial R&Ds that are sent too.	Wisconsin mails an eligibility letter that details what payments the victim can expect. Wisconsin does have a requirement where if a person is behind on their child support payments at the point an award is determined, they will not receive the award. Any recoupment is done through the DA's office.
<b>9. What is your approval process like and who has final authorization.</b>	Final authorization of approvals goes to the Victim Compensation Supervisor	The Board has both final approval and denial powers although they have relinquished some of that power to the Director.	The mid level claims analysts have authority to approve and deny claims. They receive extensive training on Minnesota Code, internal policy and procedures, which includes a very extensive policy and procedure handbook. Thus they have the authority to approve and deny claims. If there are cases that fall in the gray areas of State Code and internal policy, the reparations board meets once a month to discuss policies and approvals. If a grey area case is approved, it is added to the handbook. 10% of all 1800 cases go to the board.	The program admin-Rob Wheeler has final authorization of non-routine bills. All denials and very complex approvals also go to him. Otherwise, for routine bills, claims analysts have control.	The Florida Claims Analysts have final authorization of both approvals and denials. These Claims Analysts are all college graduates, trained for 6 months in Florida statute, and office policies and procedures with the main text being the office policy and procedure manual.	We have senior staff second approving newer staff's work. Most of the senior staff also has about 80% of their work auto approved by the System. On payment R&D's the second approver is the final authorization and on denial R&D's the Claims Review Officer is the final authorization.	Wisconsin Claims analysts have majority approval/denial ability. If there is a question it goes to the director and to a questions board that meets every other week.
<b>10. How often do you process payments, daily, weekly, monthly, etc., and how long does it take to process?</b>	Indiana processes or batches payment monthly. There is a 10-15 day turnaround once they are received by the auditor.	Everything in the NM system is done weekly. I asked about the payment time frame and the interviewee ran a report on the spot. They are currently processing claims in 114 days. Depend on season; it can go down to 90 and up to 150 days.	Minnesota processes awards daily and passes the awards to finance weekly. Once finance gets the award, the check will be mailed/deposited within a week.	Payments are processed daily with a 2 day to 1 week payment turnaround after submission.	Payments are processed daily with a 4-5 day turnaround.	We send an electronic file transfer to the Commonwealth's Treasury Department twice weekly. The process to actually cut the check once the transfer goes down is 3-4 weeks. We also can send a check from our advancement account to the victim/claimant for up to \$1,500 for their losses.	Payments are batched daily. The awards to both providers and to victims are itemized to show what will and won't be paid and a narrative is offered as to why.





	Indiana	New Mexico	Minnesota	Iowa	Florida	Pennsylvania	Wisconsin
11. Does your VC department have a Policies and Procedures handbook and what was the process of implementation?	No, there is a draft available, but not yet implemented	No, due to the need for board approval, this has not been done. Turnover in the board due to them being comprised of political appointee's makes this difficult.	As mentioned before Minnesota has an extensive policy and procedures handbook for its claims analysts. A smaller condensed version of it is available for stakeholders and victims that generally cover what will/will not be paid.	Absolutely, Iowa took the state code, AOPA and created a policy book that outlines what things are acceptable in each case. As special cases arise, Iowa notates their handling of the more complex case in the policy book.	Yes, and the best way to implement one is to outline every step necessary to get eligibility determination and payment. Then accurately detail every step and variable that may arise from those situations and document special cases.	We have Standard Operating Guidelines that are used by staff for policies, rules and regulations. We also have a DAVE Procedure Manual to assist staff with processing a claim thru DAVE.	Wisconsin has a very basic policy and procedure handbook; they ask that the staff document special occurrences and those are added to the manual as well.
12. Indiana has a very high denial percentage, what is yours, and why could that be?	Indiana's denial percentage is high, however it is difficult to determine how high with the current database system.	Again ran a report- a little slower this time but still impressive. They have about a 21% denial rate. The majority of denials come because of the states strict contributory behavior statute.	30%. This is due to an overwhelming amount of people who file claims "just in case" they incur a loss at some point.	The denial rate is 10% and it is due mainly to the consent provocation or contributory behavior clause.	He has no idea; the majority of the denials come from Forcible Felony statute that precludes any past forcible felon from every being eligible for compensation.	We have Standard Operating Guidelines that are used by staff for policies, rules and regulations. We also have a DAVE Procedure Manual to assist staff with processing a claim thru DAVE.	The denial percentage is high, so high that Dan Eddy called recently about it. It is due to an enormous amount of people that apply that are statutorily not eligible.





	Indiana	New Mexico	Minnesota	Iowa	Florida	Pennsylvania	Wisconsin
<b>13. What technology do you use to back your victim compensation department? Is it proprietary? Did it come from another state, and can it be formatted for use in another state?</b>	Indiana has a database system based on Microsoft Access 97. It has been used sparingly lately due to increasing concerns that the system is corrupt. Otherwise, Indiana has been using a Microsoft Excel spreadsheet to hold data until a new system can be implemented.	They use a self made, Apple Computer/Database system. It's based on Helix technology and is not proprietary. It was being used in Vermont, however the interviewee was not sure if that continues. They have the ability to change it with compensation needs changes. It has the ability to automatically generate letters and monitor caseloads. It contains Victim/Claimant info, offender info, collateral payment source info, director denial/approval info, payment info, etc. The state can change every aspect of the system they deem necessary and have yet to find necessary report that they couldn't run.	We started with a discussion of their current system. They have a pretty old system built in 2000 by Emerging Soft a company in Minneapolis, MN. This company has recently done a new and improved version of it for New York. Minnesota's current system is built using Visual Basic-6.0, Microsoft Word 2003, Crystal Reports and Win 98. Emerging Soft is contracted to do annual upkeep and maintenance and by contract can upgrade portions of the system if need be as they go along. An example of this is when query needs change, Emerging soft can come in and create new queries for the group and delete rarely used ones. The system has the ability to do data imaging; however they don't use this or many other paperless tools because of security concerns. It has built-in calculation screens, claim lookups, reports for crime/claim by region/county, reports for amounts processed, claims outstanding, etc. They had the ability to go toward a complete online system, but due to the lack of claims received per year it wasn't cost effective and posed a security concern. Minnesota will consider the idea of an online system with its next system implementation.	In 2002 they contracted Emerging Soft (the company that did the database system in Minnesota) to create a database system for their state program. Emerging Soft tried to implement a system very similar to that of Minnesota and was not successful. It is Marti's idea that Emerging Soft thought this could be a "Shelf Solution" and due to difference in the two state systems, it has not worked out well. They contacted Emerging Soft and requested that they be able to modify the existing system (and thus take ownership of the new system) due to rampant errors with the old system. They then went to their own state IT department and had them come in, fix the 483 bugs in the system and produce a working database built on MS Access. The current system is able to record the application review process to include whom inputs data, changes the data, what data is needed. It has screens that are filled out by claims analysts that then work with other screens and populates the database. Its like an online application, just used by claims analysts. The state owns this system and hasn't been approached by anyone yet to use it, however that is a possibility. Iowa is using their Victims Assistance Grants to try a pilot program for online applications. The grant program has been doing online Apps for three years and it has been a success.	Florida's system is based on a Lotus Notes database. It was developed internally and several states have looked at it for ideas. It was developed in 2000 and is called VAN or Victim Assistance Network. In 2003 Florida hired SIRE, a company from Denver, CO to implement scanning software. These cases after scanning are randomly assigned to claims analysts. Searches and reports in this system includes being able to run reports on crime patterns, info for specific counties, benefits paid, monthly reports on revenue, etc. Florida has one central office in Tallahassee, and a remote location with two analysts in Jacksonville. They are interested in Integrated Voice recognition systems or complete automated systems for Claims filing and status checks. They are currently producing RFP for both areas.	The DAVE System is copyrighted by Deloitte Consulting. The contact at Deloitte and his information is: Vincent Loose, (717) 651-6250 or vloose@deloitte.com. We designed DAVE from scratch and it can be formatted for use by other states.	



	Indiana	New Mexico	Minnesota	Iowa	Florida	Pennsylvania	Wisconsin
14. What is your average claim processing time?	Not measurable at this time	They get 1500 claims per year and process them in 114 days. Once the claims go to payment, there is a two week turnaround.	Although not light speed, they process claims in 4-6 months. Some claims fall out of that time frame, generally being processed faster.	Iowa gets 3,000 claims per year, they are not categorized by violent or sex. They cover any claim that has “the immediate threat of emotional or physical injury”. They try to get claims processed within 40 working days which is the standard and within 48 hours for homicides. Their computer system can issue reports that reflect what that current processing speed is. Marti thinks it's about 42 days currently.	For the Perfected Claim, the processing time is 1 day. For claims requiring an RFI- the time is 14 days. . Once the claim goes to payment, there is a 3-4 day turnaround. It is important to note that Florida does not count time taken waiting for insurance payments, restitution, or civil court battles. The application has many clauses to address these scenarios. First, Florida does not pay until after insurance pays, however the state statute prohibits insurance companies from asking for deductibles, therefore the insurance payment process is much faster. In regards to restitution and civil court claims, there is a subrogation clause they can use to go back and recoup money. The do not wait for to the conclusion of types of cases before payment.	16.84 weeks on an original decision, 7.49 weeks on a supplemental decision and 6.52 on Emergency Award applications.	6-8 Weeks for Initial Application. Things that would delay this include requests for medical records, which they use for eligibility determination.



	Indiana	New Mexico	Minnesota	Iowa	Florida	Pennsylvania	Wisconsin
<b>15. How do you manage the relationships with both victims and external stakeholders'? What training and outreach have you created for those entities? How do you ensure a positive working relationship between you and those that you pay?</b>		Reparation officers get assigned a region and are responsible for all outreach in that area. A region encompasses Hospitals, Funeral Homes, Law Enforcement, Prosecutors, etc over the geographic region. They do administer VOCA grants and have mandatory annual training for VOCA sub-grantees in victim compensation. This agreement is contractual.	Minnesota is all about outreach to those who interact with victims. They issue brochures to victims and service providers. They provide trainings to funeral homes, hospitals, mental health counselors etc. They require VOCA sub-grant recipients to participate in these trainings annually. They do roughly 40 group trainings annually. By statute, law enforcement is required to hand out "blue card" which denotes victim rights to include victim compensation rights. Victim's compensation is also apart of police academy training. County attorneys are required by statute to inform victims, by letter of the Minnesota Crime Victim Bill of Rights which also states their rights to financial compensation. Victims are also handed application for compensation at hospitals, victim service centers. Etc. They seem to keep a very good relationship with all of their stakeholders with a continued approach to keep communication lines open and to keep those that they work with informed of any and all changes in law and policy.	They don't require grant holders to attend special meetings rather, all grant workshops have victim compensation segments. Iowa has done more outreach to victims, with pamphlet/applications in hospitals and with other service providers. They make sure that it is known to every external stakeholder that their division is willing to go and train their people.	Florida uses outreach as their main way to improve their business process. They have 12 Regional Advocates that train hospitals, police, etc about victim compensation. In addition they have 235 VOCA sub-grant programs that are contractually obligated to have a trained advocate (the sub-grantee's personnel) that went to the 4.5 day Victim Advocate Designation Training Program administer by the state, on staff. They have made a deliberate effort in this area, and thus they have more "perfected" applications. They feel getting more perfected applications will exponentially help any state with backlog.	We have worked very hard on building relationships with victims and victim advocates and relationships between PCCD and the advocates. We provide numerous DAVE trainings and other victim methodology trainings. We also have certification for our advocates in PA. If you would like to review the available trainings, go to <a href="http://www.pccd.state.pa.us">www.pccd.state.pa.us</a> and select the Training link to view currently open trainings.	VOCA Sub-Grantees have contractual mandated Victim Comp training annually. Wisconsin tries to contact both victims and stakeholders by phone to issue status reports. Law enforcement within the state is trained and is obligated to give victims cards regarding victim/comp rights. They train law enforcement recruits in this area as well, with trainings at the academy.
<b>16. If you have experienced backlog of claims in your state, what measures have you taken to expunge that backlog? How do you deal with things that cause delays in processing?</b>	Indiana is currently mired in a backlog of some 3-4 years. They are currently assessing their business process to look at reducing this backlog.	They did have a backlog of 3.5 years, 17 years ago. This is what they did: They hired more staff, changed toward director approval/denial over board approval denial, and they computerized the system.	Minnesota has never really had a backlog since at least 1999. However in the event, that they did have one, these would be the steps she took to rectify the issue. First she would do a business process review. She would do everything in her power to increase the staff. Minnesota employs 10 claims analysts. She believes in the model of processing both new and backlogged claims simultaneously. A new system would also be very helpful.	5 years ago they had a backlog. It was diminished by improving the tech system, prioritizing older claims, while concurrently processing newer ones. Employees worked overtime and they pulled in people for other functional areas for help. It was a group pitch in. They systematically approved more claims as well.	Never really had backlog of claims, but supplemental bills, that may come later, have created some backlog in the past. They simply prioritize those first to rid themselves of the backlog.		They do not have/ or have ever had a backlog in claims, however they have run into enormous deficit spending with a deficit over \$1M. Thus they have adopted a policy that claims can have a maximum paid annually of 10,000. This may well create a backlog. In planning for that backlog, Carol said that she would pull in other resources from other areas of the office for help.



	Indiana	New Mexico	Minnesota	Iowa	Florida	Pennsylvania	Wisconsin
<b>17. Tips for Indiana</b>		Ideas for Indiana: Hire more people, write a procedures handbook and allow claims analysts more control over approvals and denials with a concrete manual to look at. Use window envelopes. Make VOCA grantees come to trainings through contractual means with their grant money. Create or buy tech system that creates all requests automatically. Don't use brochures or PSA's for outreach, actually train and outreach in person with those that interact with the victim. People tend to ignore these things until they are a victim, so touch those that deal with victims daily.	Tips for Indiana: See above	Tips for Indiana: Hire more staff, look for federal grants for technology implementation and use other funds to help staffing issues. Lessen the level of final approval/denial. Allow for pairs of claims analysts to do quality control on one another and give more ability for claims analysts to make final judgment. Assess current business process and look at the place where there are significant time wasting activities and fix them. Create better relationships with hospitals and service providers so that you feel more comfortable paying upfront and have the confidence that overpayments will be sent back quickly by the provider.	Tips for Indiana: Pull every resource available to create perfected and completed applications through outreach with advocates. Create a network in the field to include law enforcement, service providers and prosecutors to help increase the knowledge about the Victims Comp program. Invest more into the claims analysts. Give Claims analysts more control to make decisions. Create a policy and procedures handbook that governs their decisions. Subject them to extensive training on State Code and Policy and procedure handbook.	See Above	
<b>18. Who is responsible for getting police reports and service provider bills to your states victim compensation division?</b>	ICJI is responsible for obtaining this information	New Mexico requests them from the departments.	Our staff either mails or faxes letters and forms to request police reports and service provider bills from the police department and service providers. The police and service providers are then responsible for returning those forms and attaching reports, etc.	We send for police reports and track them down. The victim is responsible to send us bills they get for their injuries. However, if the victim has listed a provider on the application, we send a letter to notify the provider and ask them to send us bills and records related to the crime. Many providers then send the bills and records directly to us.			
<b>19. What determines the end of the investigation process? Do you have a checklist of things you must have?</b>	There currently is no end to the investigation process. It ends when ICJI feels they have obtained enough information to determine eligibility.	When we have enough information to provide to our board. No.	The investigation is ended when enough information is obtained to determine eligibility and the amount of benefits to be paid. There is a checklist of the forms we generally need to have, although that may vary a bit in each case.	We do use check lists. The end of the investigative process is when we send an approval or denial letter to the victim.			



	Indiana	New Mexico	Minnesota	Iowa	Florida	Pennsylvania	Wisconsin
<b>20. Due to the rise in litigation, does your state wait until after the conclusion of civil litigation before payments on claims, how does your state know if restitution is/has been paid? How do recoup those funds?</b>	Yes, Indiana waits until after civil litigation to pay, so that they don't have to recoup the money later from the victim.	We have the attorney for the victim sign a repayment letter	On our claim form, we ask the victim if they have retained an attorney to file a lawsuit. We follow-up by sending a letter to that attorney indicating that we have a subrogation interest. If the civil litigation is pending, we will wait to see what will be awarded since that will be a collateral source and reduce the amount of their award. However, if there is an urgent need, we will try to assist victims with a small award, especially if the litigation is going to take several months or more to complete. On our claim form, victims sign a statement agreeing to reimburse the state if they obtain other funds through a civil lawsuit. For restitution, in cases that have a known offender, we advise the court that we have an interest in receiving restitution for amounts we paid on behalf of the victim. We submit documents to the court showing what was paid by our program. After restitution is ordered by the court, we are informed by the court services personnel. We also then submit the paperwork required to civilly docket the restitution order.	We don't wait, that just delays the victim's bills and they are likely to be sent to collections. We run a monthly ad in an Iowa Attorney magazine to notify them that we are subrogated to any civil suit filed. We reduce our recovery by the 33% fee charged by the attorney in the suit. We also ask the victims on most of our letters to let us know if they have an attorney filing a suit. We have a restitution coordinator who notifies the prosecutor when we get an application from their jurisdiction that we want restitution. We also send a sample restitution order to the prosecutor when we make the original payments. We raise about \$500,000 a year in restitution.			
<b>21. Does your state count fundraising against the award amount?</b>	Yes.	Yes, unless earmarked for a special purpose. (i.e. education of children)	Generally, we do not reduce the award by amounts raised through fundraising events, unless there are specific memorials that we are aware of that were received for the funeral expenses. This is because of the difficulty of determining the amounts received through fundraising events, and because there are often expenses that we are not able to cover. We assume the amounts collected through fundraisers are used for those other expenses, or saved for future costs not covered by our program.	If you mean fundraising done by or on behalf of the victim after a crime, we don't count that as a collateral source since it is rarely for the same costs as our benefits. The victims are generally raising money for housing, time off, or medical costs that we are not able to cover. The kind of crime in which the public or friends are moved to raise funds for a victim or survivors generally have very high costs associated with the recovery. We would likely pay the out-of-pocket expense benefits.		Yes if designated for funeral expenses	
<b>22. Does your state count life insurance against the award amount?</b>	Yes	No.	No, we do not count life insurance due to a Minnesota state law that prohibits us from deducting life insurance as a collateral source.	We do not count life insurance as a collateral source for lost wages or loss of support. We count life insurance as a collateral source for funeral and burial only where there is a specific funeral and burial cost line in the policy. This is really rare.		Yes, VCAP is the payer of last resort	



	Indiana	New Mexico	Minnesota	Iowa	Florida	Pennsylvania	Wisconsin
23. How does your state process emergency awards?	No, it is statutorily available; however no system exists to pay emergency awards.	VOCA assistance funds pay for emergency awards, not compensation.	Emergency awards are processed ahead of other claims, but the same procedures are followed as on other claims. A specialist is immediately assigned to handle the case promptly and we may use faxing rather than regular mail to speed up the process. Emergency awards are only allowed if undue hardship will result to the claimant if immediate payment is not made. There must be specific circumstances such as: imminent eviction or foreclosure; imminent power/water shutoff; insufficient money for food; or a pending funeral service.	We consider awards as emergency when the victim already has lost wages or out-of-pocket expenses. We try to process those applications as soon as they come in and we can determine eligibility from a police report.		Yes, up to \$1,500	



## Appendix F: Federal Guideline Review Matrix

Federal Guideline	Corresponding Indiana State Codes	Indiana Administrative Code	Current ICJI Policy	Is there a Gap?	Future ICJI Policy (If Change Needed)
Preamble (Recommendations)					
1. Crimes Involving Threat But Not Physical Injury. Many crimes involve threat but the victims suffer no physical injury. For example, a stalking victim may be intimidated and harassed over the Internet but not physically attacked by the stalker and a robbery victim may be threatened with a weapon but not physically injured. Another example would be incidents such as school and workplace shootings in which many people are in danger but not all are physically injured or killed. In property related hate crimes, windows may be broken and graffiti painted on a home, with the intent to intimidate and cause fear in a person or family. In all of these instances, persons may be seriously traumatized by a crime but not be physically injured. States are encouraged to consider the safety and mental health needs of these victims.	IC 5-2-6.1-7 Victim (Violent) IC 16-21-8-0.9 "Victim" (Sex) IC 5-2-6.1-21 Compensable losses	203 IAC 1-2-2 Application for Reimbursement; Information Required (Sex) 203 IAC 1-2-3 Covered services (Sex) 203 IAC 1-1-9 Awards	The ICJI Policy has been to not pay claims unless the victim meets the Victim definition by statute as referred to in IC 5-2-6.1-7 for Violent Crimes and IC5-2-6.1-21 for sex crimes.	Yes, the Indiana State Statute does not match the Recommended Federal Guidelines on compensable crimes. Indiana's definition of Victim does not allow for those that are threatened with violence to be covered.	In the future, ICJI will propose a change in the Indiana Code to include various types of "victims" so that a broader spectrum of victims can be assisted by the program.
2. Witnesses to Violence. The primary group considered under this category is children who witness domestic violence. In addition, in mass violence incidents, others impacted by the violence may be considered victims. States are encouraged to consider the mental health and other needs of these victims.	IC 5-2-6.1-7 Victim (Violent) IC 16-21-8-0.9 Victim (Sex) IC 5-2-6.1-21 Compensable losses	203 IAC 1-2-2 Application for reimbursement; information required (Sex) 203 IAC 1-2-3 Covered services (Sex) 203 IAC 1-1-9 Awards	The ICJI Policy has been to not pay claims unless the victim meets the Victim definition by statute as referred to in IC 5-2-6.1-7 for Violent Crimes and IC5-2-6.1-21 for sex crimes.	Yes, the Indiana State Statute does not match the Recommended Federal Guidelines on compensable crimes. Indiana's definition of Victim does not allow for those that witness violence to be covered.	In the future, ICJI will propose a change in the Indiana Code to include various types of "victims" so that a broader spectrum of victims can be assisted by the program.



Federal Guideline	Corresponding Indiana State Codes	Indiana Administrative Code	Current ICJI Policy	Is there a Gap?	Future ICJI Policy (If Change Needed)
3. Economic Crime. Increasing attention is being directed by law enforcement officials to economic crime. While anyone can be a victim of financial fraud, often criminals target elders specifically. In addition, identity theft can damage or destroy the financial integrity of many unsuspecting adults. Economic crime can have a devastating impact on victims emotionally, physically, and financially. States are encouraged to consider the needs of these victims.	IC 5-2-6.1-7 Victim (Violent) IC 16-21-8-0.9 "Victim" (Sex) IC 5-2-6.1-21 Compensable losses	203 IAC 1-1-9 Awards	The ICJI Policy has been to not pay claims unless the victim meets the Victim definition by statute as referred to in IC 5-2-6.1-7 for Violent Crimes and IC5-2-6.1-21 for sex crimes.	Yes, the Indiana State Statute does not match the Recommended Federal Guidelines on compensable crimes. Indiana's definition of Victim does not allow for victims of economic crime to be covered.	In the future, ICJI will propose a change in the Indiana Code and to the Indiana Administrative code to include various types of "victims" so that a broader spectrum of victims can be assisted by the program.
4. State Residents Who Are Victims of Crime Outside U.S. Jurisdiction. As required by VOCA, all states provide benefits under their crime victim compensation programs for victims of terrorism occurring outside the United States. Because state residents function in a global society, OVC encourages coverage of residents who are victims of crimes other than terrorism that occur when they are outside the territorial jurisdiction of the U.S. This would allow coverage to residents who are studying, conducting business, touring, and living abroad. It would also cover victims of crimes occurring on international waters.	IC 5-2-6.1-12 Persons eligible for assistance	Silent	The ICJI policy has been to cover victims who are victims of crimes outside the US to include terrorism.	No	N/A
Final Guidelines					
IV.B.1.(a). Compensable Crimes VOCA Mandated Crimes. At a minimum, VOCA specifically requires the grantee to offer compensation to crime victims and survivors of victims of criminal violence for certain identified expenses (see below) resulting from physical injury from a compensable crime as defined by the state. VOCA requires that states include as compensable crimes those crimes whose victims suffer death or physical injury as a result of terrorism, driving while intoxicated, and domestic violence.	IC 5-2-6.1-7VictimIC 5-2-6.1-12Persons eligible for assistanceIC 5-2-6.1-21Compensable losses	203 IAC 1-1-9 Awards	The ICJI policy has been to cover identified expenses resulting from state mandated compensable crimes, to include victims of driving while intoxicated, terrorism and domestic violence.	No	N/A





Federal Guideline	Corresponding Indiana State Codes	Indiana Administrative Code	Current ICJI Policy	Is there a Gap?	Future ICJI Policy (If Change Needed)
In addition, VOCA requires that states include as compensable crimes those crimes whose victims suffer death or personal injury as a result of the intentional or attempted defacement, damage, or destruction of any religious real property because of (1) its religious character or the obstruction, by force or threat of force, of any person's enjoyment of the free exercise of religious beliefs when the crime is covered by interstate or foreign commerce; (2) the race, color, or ethnic characteristics of any individual associated with the religious property.	Silent	Silent	The ICJI policy has been to cover these mentioned victims.	Yes, the Indiana State Statute is silent on this specific subset of crimes. Nonetheless, ICJI covers the victims mentioned in the Federal Register Guideline.	ICJI will propose a change the Indiana Code that covers this type of crime.
IV.B.1.(b) Coverage of Other Crimes. VOCA places priority on violent crime, but it does not prohibit coverage of nonviolent crime. States may choose to broaden the range of compensable crimes to include those involving threats of injury or economic crime where victims are traumatized but not physically injured. In doing so, they may include payments to victims for compensable expenses for these crimes on the state's certification of funds expended for the compensation program.	IC 5-2-6.1-7 Victim (Violent) Sec. 7. As used in this chapter, "victim" means an individual who suffers bodily injury or death as a result of a violent crime. IC 16-21-8-0.9 "Victim" (Sex) Sec. 0.9. As used in this chapter, "victim" means an alleged sex crime victim. IC 5-2-6.1-21 Compensable losses	203 IAC 1-2-2 Application for reimbursement; information required (Sex) 203 IAC 1-2-3 Covered services (Sex) 203 IAC 1-1-9 Awards	The ICJI Policy has been to not pay claims unless the victim meets the Victim definition by statute as referred to in IC 5-2-6.1-7 for Violent Crimes.	Yes, the Indiana State Statute does not match the Recommended Federal Guidelines on compensable crimes. Indiana's definition of Victim does not allow for those that are victims of non violent crime.	In the future, ICJI will propose a change in the Indiana Code to include various types of "victims" so that a broader spectrum of victims can be assisted by the program.
IV.B.2. Compensable Expenses IV.B.2.(a) VOCA Mandated Expenses. At a minimum, VOCA requires states to award compensation for the following expenses when they are attributable to a physical injury resulting from a compensable crime: IV.B.2.(a)(i) Medical Expenses. This may include eyeglasses and other corrective lenses, dental services, prosthetic or other devices, and other services rendered in accordance with a method of healing recognized by state law.	IC 5-2-6.1-21 Compensable losses	203 IAC 1-2-2 Application for reimbursement; information required (Sex) 203 IAC 1-2-3 Covered services (Sex) 203 IAC 1-1-9 Awards	The ICJI policy has been to cover medical expenses in accordance with IC 5-2-6.1-21, to include eyeglasses, dental services, prosthetics and other services	No	N/A



Federal Guideline	Corresponding Indiana State Codes	Indiana Administrative Code	Current ICJI Policy	Is there a Gap?	Future ICJI Policy (If Change Needed)
IV.B.2.(a)(ii). Mental Health Counseling and care	IC 5-2-6.1-21 Compensable losses	203 IAC 1-2-2 Application for Reimbursement; Information Required (Sex) 203 IAC 1-2-3 Covered services (Sex) 203 IAC 1-1-9 Awards	The ICJI has been to cover Mental Health counseling for victims of sex crimes and for families of homicide victims. ICJI does not cover Mental Health Counseling and care for victims of violent crime.	Yes ICJI's policy does not comply with the Federal Register Guideline on Mental Health Counseling and care or the Indiana State Statute IC 5-2-6.1-21 that states mental "psychological and psychiatric" service should be covered.	In the future, ICJI will comply with both the Indiana State Statute and the Federal Register Guideline on Mental Health counseling for victims of violent crime.
IV.B.2.(a)(iii). Lost wages.	IC 5-2-6.1-21 Compensable losses	203 IAC 1-1-9 Awards	The Current ICJI policy is to cover lost wages of crime victims.	No	N/A
IV.B.2.(a)(iv). Funeral expenses attributable to a death resulting from a compensable crime.	IC 5-2-6.1-21 Compensable losses, IC 5-2-6.1-15 Payment of Funeral, Burial, or Cremation of unmarried victims	203 IAC 1-1-9 Awards	The ICJI policy has been to cover funeral expenses for a death attributable to a compensable crime.	No	N/A
IV.B.2.(b). Other Allowable Expenses. State grantees may offer compensation for other types of expenses as authorized by state statute, rule, or other established policy. IV.B.2.(b)(i) Property Damage and Loss. Amounts awarded for property damage and loss cannot be included in the amount certified as a basis for the award of VOCA compensation grants except as listed under Section IV.B.2(b)(ii)4&5 of these Final Guidelines.	IC 5-2-6.1-21 Compensable losses	203 IAC 1-1-9 Awards	The ICJI policy has been to not cover property damages.	No	N/A



Federal Guideline	Corresponding Indiana State Codes	Indiana Administrative Code	Current ICJI Policy	Is there a Gap?	Future ICJI Policy (If Change Needed)
IV.B.2.(b)(ii) In addition to VOCA mandated expenses, other allowable expenses may be included in the certified payout amount such as: IV.B.2.(b)1. Travel and transport for survivors of homicide victims to secure bodies of deceased victims from another country or state.	IC 5-2-6.1-21 Compensable losses	203 IAC 1-1-9 Awards	The ICJI policy has been to cover shipment of body as a part of the funeral expenses, however travel and transport of survivors is not covered.	No, although ICJI does not follow the recommendation, the Federal Register here is only providing recommendations for other expenses that CAN be covered in addition to the mandated ones above.	N/A
IV.B.2.(b)2. Temporary lodging.	IC 5-2-6.1-21 Compensable losses	203 IAC 1-1-9 Awards	The ICJI policy has been to cover temporary lodging for Victims up to 30 days.	No	N/A
IV.B.2.(b)3. Necessary building modification and equipment to accommodate physical disabilities resulting from a compensable crime.	IC 5-2-6.1-21 Compensable losses	203 IAC 1-1-9 Awards	The ICJI policy has been to not cover building modifications to accommodate physical disabilities; however they do cover prosthetics and wheelchairs.	No, although ICJI does not follow the recommendation, the Federal Register here is only providing recommendations for other expenses that CAN be covered in addition to the mandated ones above.	N/A
IV.B.2.(b)4. Replacement costs for clothing and bedding held as evidence.	IC 5-2-6.1-21 Compensable losses	203 IAC 1-1-9 Awards, 203 IAC 1-2-2 Application for reimbursement; information required (Sex) 203 IAC 1-2-3 Covered services (Sex)	The ICJI policy has been to not cover costs for clothing and bedding held as evidence.	No, although ICJI does not follow the recommendation, the Federal Register here is only providing recommendations for other expenses that CAN be covered in addition to the mandated ones above.	N/A
IV.B.2.(b)5. Replacement or repair of windows and locks	IC 5-2-6.1-21 Compensable losses	203 IAC 1-1-9 Awards	The ICJI policy has been to not cover replacement of windows and locks.	No, although ICJI does not follow the recommendation, the Federal Register here is only providing recommendations for other expenses that CAN be covered in addition to the mandated ones above.	N/A



Federal Guideline	Corresponding Indiana State Codes	Indiana Administrative Code	Current ICJI Policy	Is there a Gap?	Future ICJI Policy (If Change Needed)
IV.B.2.(b)6. Crime scene cleanup, as defined by state statute, rule or other established policy. Crime scene cleanup does not include replacement of lost or damaged property, except for locks and windows, and for clothing and bedding held as evidence.	IC 5-2-6.1-21 Compensable losses	203 IAC 1-1-9 Awards 203 IAC 1-2-2 Application for reimbursement; information required (Sex) 203 IAC 1-2-3 Covered services (Sex)	The ICJI policy has been to not cover crime scene cleanup.	No, although ICJI does not follow the recommendation, the Federal Register here is only providing recommendations for other expenses that CAN be covered in addition to the mandated ones above.	N/A
IV.B.2.(b)7. Attorneys' fees related to a victim's claim for compensation, for establishing guardianship, settling estates, and other activities related to the crime.	IC 5-2-6.1-37.5 Contingency fee at hearing may not exceed 10%	203 IAC 1-1-9 Awards	The ICJI policy has been to not cover attorney's fees for establishing guardianship or settling estates, however other attorney's fees are covered.	No, although ICJI does not follow the recommendation, the Federal Register here is only providing recommendations for other expenses that CAN be covered in addition to the mandated ones above.	N/A
IV.B.2.(b)8. Payments related to forensic sexual assault examinations (1) If such payments are made from funds administered by the compensation programs and are allowable under state statute, rule, or other established policy; and (2) to the extent that other funding sources such as state appropriations specifically earmarked for these exams are unavailable or insufficient.	IC 5-2-6.1-21Compensable losses, IC 5-2-6.1- 39 Payment of Forensic Medical Exams and Additional Forensic Services, IC 16-21-8-1 Forensic Medical Exams and Additional Forensic Services; Rules; Enumeration of Sex Crimes.	203 IAC 1-2-2 Application for Reimbursement; Information Required (Sex) 203 IAC 1-2-3 Covered services (Sex)203 IAC 1-1-9 Awards	The ICJI policy has been to not cover forensic sexual assault exams; however the funds used to pay for those exams originate from the state and not VOCA grants.	No	N/A
IV.B.2.(b)9. Dependent care to allow victims to participate in criminal justice activities or secure medical treatment and rehabilitation services.	IC 5-2-6.1-21 Compensable losses	203 IAC 1-1-9 Awards	The ICJI policy has been to not cover dependent care.	No, although ICJI does not follow the recommendation, the Federal Register here is only providing recommendations for other expenses that CAN be covered in addition to the mandated ones above.	N/A



Federal Guideline	Corresponding Indiana State Codes	Indiana Administrative Code	Current ICJI Policy	Is there a Gap?	Future ICJI Policy (If Change Needed)
IV.B.2.(b)10. Financial counseling services for victims of economic crime, domestic violence, survivors of homicide victims, and other victims faced with financial difficulty as a result of a crime. Allowable activities provided to crime victims by financial counselors include but are not limited to: analysis of a victim's financial situation such as income producing capacity and crime related financial obligations; assistance with restructuring budget and debt; assistance in accessing insurance, public assistance and other benefits; assistance in completing financial impact statements for criminal courts; and assistance in settling estates and handling guardianship concerns. Financial counseling must be provided by a person who meets state standards for provision of this service.	IC 5-2-6.1-21 Compensable losses	203 IAC 1-1-9 Awards	The ICJI Policy has been to not cover financial counseling.	No, although ICJI does not follow the recommendation, the Federal Register here is only providing recommendations for other expenses that CAN be covered in addition to the mandated ones above.	In the future, ICJI will propose a change in the Indiana Code and to the Indiana Administrative code cover financial counseling services.
IV.B.2.(b)11. Pain and suffering	IC 5-2-6.1-21 Compensable losses	203 IAC 1-1-9 Awards	The ICJI Policy has been to not cover pain and suffering	No, although ICJI does not follow the recommendation, the Federal Register here is only providing recommendations for other expenses that CAN be covered in addition to the mandated ones above.	N/A
IV.B.2.(b)12. Annuities for loss of support	IC 5-2-6.1-21 Compensable losses	203 IAC 1-1-9 Awards	The ICJI Policy has been to not create annuities for loss of support. ICJI does however cover loss of support.	No, although ICJI does not follow the recommendation, the Federal Register here is only providing recommendations for other expenses that CAN be covered in addition to the mandated ones above.	N/A
VOCA's cooperation with the reasonable requests of law enforcement requirement may be fulfilled by using the following criteria or by any other criteria the state believes is necessary and acceptable to encourage and document victim cooperation with law enforcement. For example, a state may: IV.B.3.(a). Require a victim to report the crime to a law enforcement agency;	IC 5-2-6.1-17 Requirements for compensation	203 IAC 1-1-9 Awards, 203 IAC 1-1-4 Determination of eligibility, 203 IAC 1-2-1 Eligibility and cooperation 203	The ICJI policy has been to require victims to report crimes to enforcement agency.	No	N/A



Federal Guideline	Corresponding Indiana State Codes	Indiana Administrative Code	Current ICJI Policy	Is there a Gap?	Future ICJI Policy (If Change Needed)
IV.B.3.(b). Require a victim to report the crime to an appropriate government agency, such as child and/or adult protective services, family court, or juvenile court;	IC 5-2-6.1-39 Payment of Forensic Medical Exams and Additional Forensic Services	IAC 1-1-4 Determination of eligibility, 203 IAC 1-2-1 Eligibility and cooperation	The ICJI policy has been to require reporting to appropriate government agencies.	No	N/A
IV.B.3.(c). In the case of a child or a vulnerable adult, accept a crime report to law enforcement or to a child or adult protective services agency from a mandated reporter or other person knowledgeable about the crime;	IC 5-2-6.1-39 Payment of Forensic Medical Exams and Additional Forensic Services	203 IAC 1-2-1 Eligibility and cooperation	The ICJI policy has been to require reporting to law enforcement or child protective services by persons on behalf of the victim.	No	N/A
IV.B.3.(d). Accept proof of the completion of a medical evidentiary examination, such as medical reports, x-rays, medical photographs, and other clinical assessments as evidence of cooperation with law enforcement.	Silent	203 IAC 1-2-1 Eligibility and cooperation	The ICJI policy has been to allow as evidence of cooperation with law enforcement, any medical evidentiary examinations, x-rays, photographs and other clinical assessments.	No	N/A
IV.B.4. Nonsupplantation. The state must certify that grants received under VOCA will not be used to supplant state funds otherwise available to provide crime victim compensation benefits or to administer the state crime victim compensation program. States may not decrease their financial commitment to crime victim compensation solely because they are receiving VOCA funds for the same purpose. Expenditure of VOCA funds received based on state certified payouts from previous years does not constitute supplantation.	IC 5-2-6.1-40 Compensation Fund; Establishment, IC 5-2-6.1-41 Compensation Fund; Composition,	Silent	The ICJI policy has been to strictly segregate funds used for violent and sex crimes. Violent crimes are paid using Federal VOCA funds, whereas sex crimes are paid using state funds. There is no intermingling between the funds.	No	N/A



Federal Guideline	Corresponding Indiana State Codes	Indiana Administrative Code	Current ICJI Policy	Is there a Gap?	Future ICJI Policy (If Change Needed)
<p>IV.B.5. Compensation for Residents Victimized Outside Their Own State. A state must provide compensation to state residents who are victims of crimes occurring outside the state if the crimes would be compensable crimes had they occurred inside that state and the crimes (1) occurred in a state without an eligible VOCA crime victim compensation program, or (2) in cases of terrorism, occurred outside the territorial jurisdiction of the United States. The state must make these awards according to the same criteria used to make awards to those who are victimized while in the state.</p> <p>Note: The Federal guideline does not require the state of residence to make up the difference if the state in which the crime occurred does not pay as much as the state in which the victim resides.</p>	<p>IC 5-2-6.1-12 Persons eligible for assistance</p> <p>Persons eligible for assistance include (1) A resident of Indiana who is a victim of a violent crime committed: (A) in Indiana; or (B) in a jurisdiction other than Indiana, including a foreign country, if the jurisdiction in which the violent crime occurs does not offer assistance to a victim of a violent crime that is substantially similar to the assistance offered under this chapter (IC 5-2-6.1-12).</p>	Silent	The ICJI policy has been to cover both residents of their state who are victims of a crime outside the state, if no eligible VOCA crime exists, or if there is terrorism outside the US.	No	N/A
<p>IV.B.6. Compensation for Nonresidents of a State. The state, in making awards for compensable crimes occurring within the state, must make compensation awards to nonresidents of the state on the basis of the same criteria used to make awards to victims who are residents of the state.</p>	<p>IC 5-2-6.1-12 Persons eligible for assistance</p>	Silent	The ICJI policy has been to cover non-residents of Indiana if a crime occurred within the state.	No	N/A
<p>IV.B.7. Victims of Federal Crime. The state must provide compensation to victims of federal crimes occurring within the state on the same basis that the program provides compensation to victims of state crimes.</p>	<p>IC 5-2-6.1-12 Persons eligible for assistance</p>	Silent	The ICJI policy has been to cover victims of federal crimes that occur within Indiana.	No	N/A



Federal Guideline	Corresponding Indiana State Codes	Indiana Administrative Code	Current ICJI Policy	Is there a Gap?	Future ICJI Policy (If Change Needed)
IV.B.8. Unjust Enrichment. States cannot deny compensation to a victim based on the victim's familial relationship to the offender or because the victim shares a residence with the offender. States must adopt a rule or other written policy to avoid unjust enrichment of the offender, but it cannot have the effect of denying compensation to a substantial percentage of victims of violence perpetrated by family members or others with whom the victim shares a residence. In developing a rule, or other written policy, states are encouraged to consider the following:	Silent	Silent	The ICJI policy has been to cover victims in most cases where unjust enrichment may be a possibility. ICJI sides with the service providers and attempts to get them paid for services rendered.	Yes, ICJI does not have a documented policy about unjust enrichment and the State Statute and Administrative Code are silent in this regard.	N/A
IV.B.8.(a). The legal responsibilities of the offender to the victim under the laws of the state and collateral resources available from the offenders to the victim. For example, legal responsibilities of the offender may include court-ordered restitution or family support under the domestic, marital property or child support laws of the state. Collateral resources may include insurance or pension benefits available to the offender to cover the costs incurred by the victim as a result of the crime. Victims of family violence must not be penalized when collateral sources of payment are not viable. Examples of such situations include when the offender refuses to, or cannot, pay restitution or other civil judgments within a reasonable period of time or when the offender impedes direct or third party (i.e., insurance) payments.	Silent	Silent	The ICJI policy has been to cover victims in most cases where unjust enrichment may be a possibility. ICJI sides with the service providers and attempts to get them paid for services rendered.	Yes, ICJI does not have a documented policy about unjust enrichment and the State Statute and Administrative Code are silent in this regard.	ICJI will seek to document a policy about unjust enrichment using the Federal Register Guide lined approach.
IV.B.8.(b). Payments to victims of family violence that only minimally or inconsequentially benefit offenders. These payments are not considered unjust enrichment. For example, denial of medical or dental expenses solely because the offender has legal responsibility for the charges, but is unwilling or unable to pay them, could result in the victim not receiving treatment. When indicated, the state has the option of seeking reimbursement from the offender.	Silent	Silent	The ICJI policy has been to cover victims in most cases where unjust enrichment may be a possibility. ICJI sides with the service providers and attempts to get them paid for services rendered.	Yes, ICJI does not have a documented policy about unjust enrichment and the State Statute and Administrative Code are silent in this regard.	ICJI will seek to document a policy about unjust enrichment using the Federal Register Guide lined approach.





Federal Guideline	Corresponding Indiana State Codes	Indiana Administrative Code	Current ICJI Policy	Is there a Gap?	Future ICJI Policy (If Change Needed)
IV.B.8.(c). Consultation with social services and other concerned government entities, and with private organizations that support and advocate on behalf of victims of violence perpetrated by family members.	Silent	Silent	The ICJI policy has been to cover victims in most cases where unjust enrichment may be a possibility. ICJI sides with the service providers and attempts to get them paid for services rendered.	Yes, ICJI does not have a documented policy about unjust enrichment and the State Statute and Administrative Code are silent in this regard.	ICJI will seek to document a policy about unjust enrichment using the Federal Register Guide lined approach.
IV.B.8.(d). The special needs of child witnesses to violence and child victims of criminal violence, especially when the perpetrator is a parent who may or may not live in the same residence.	Silent	Silent	The ICJI policy has been to cover victims in most cases where unjust enrichment may be a possibility. ICJI sides with the service providers and attempts to get them paid for services rendered.	Yes, ICJI does not have a documented policy about unjust enrichment and the State Statute and Administrative Code are silent in this regard.	ICJI will seek to document a policy about unjust enrichment using the Federal Register Guide lined approach.
IV.B.9. Discrimination Prohibited. No person shall on the grounds of race, color, religion, national origin, disability, or sex, be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in connection with, any undertaking funded in whole or in part with sums made available under VOCA. States must comply with these VOCA nondiscrimination requirements, the Federal civil rights statutes and regulations cited in the Assurances that accompany the grant award document, and all other applicable civil rights requirements. States with decentralized operations must assure that all operations comply with these requirements.	Silent	Silent	The ICJI policy has been to not discriminate on the basis of race, color, religion, national origin, disability, or sex.	No	N/A



Federal Guideline	Corresponding Indiana State Codes	Indiana Administrative Code	Current ICJI Policy	Is there a Gap?	Future ICJI Policy (If Change Needed)
IV.C. VOCA Funds and Collateral Federal Programs IV.C.2. Payor of Last Resort. The compensation program is the payor of last resort with regard to federal or federally financed programs. When a victim is eligible to receive benefits from a federal program such as Veterans' benefits, Medicare, and Social Security Disability or federally financed state or local program, such as Medicaid the state compensation program shall not use VOCA funds to pay costs that another federal or federally financed program covers. The federal or federally financed program must make payments without regard to benefits awarded to crime victim by a state crime victim compensation program.	IC 5-2-6.1-32 Reduction of Awards; Other Conditions.	Silent	The ICJI has been to follow IC 5-2-6.1-32 and thus be the payor of last resort	No	N/A

## Appendix G: Technical Assessment

### Current Environment

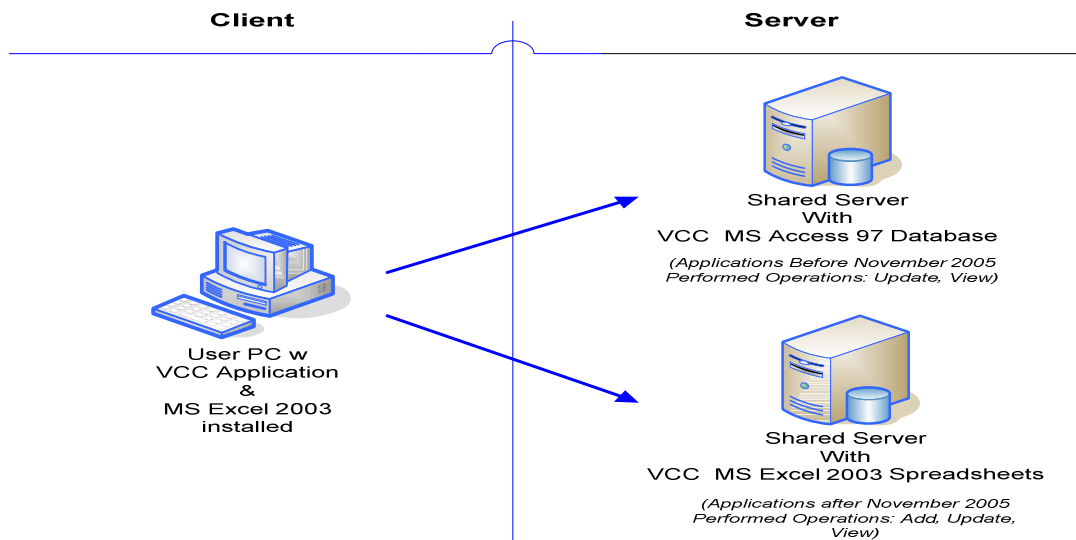
#### System Architecture

The Victims' Compensation Claims Management Payment System runs on MS Excel 2003 for the victim compensation claim applications received after November 2005. The system is hosted on MS Access v97 database (VCC database) for the victim compensation claim applications received prior to November 2005. Both the systems store compensation claims for violent and sex crimes. The agency receives about 4000 applications per year.

Two VCC spreadsheets are developed in MS Excel 2003 – One spreadsheet is used for tracking violent claims and another spreadsheet is used for tracking sex claims. Both spreadsheets are kept on the “G:” drive. Both the spreadsheets have one tab per month and year combination. The columns stored in one tab may be different from another tab as new columns are being added to satisfy needs to track detailed information. Once all the claims in a tab are paid, the tab name is appended with the word –“PAID”. If one user is using a spreadsheet, other users will see a warning message while opening the spreadsheet. There is no mechanism to prevent the other users from modifying the spreadsheet when a user is modifying it. There is no mechanism to merge the changes if two users have updated the same spreadsheet.

The VCC database developed in MS Access 97 is installed on a server located on the “V:” drive. The VCC application developed in Visual Basic is installed on each user's machine and accesses the database installed on the server on the “V:” drive. The VCC application is available in an executable (msi) format. A successful attempt was made to install the VCC application on two machines with XP operating system. The application has several functional issues as listed in the technical assessment method section but it can be used AS-IS.

The diagram below represents this high-level architecture.



**Note:** Currently, these systems are used by three users: Victims Compensation Supervisor, Violent Crimes Claims Analyst, and Sex Crimes Claims Analyst.



## Data

### Primary VCC Application Databases

The VCC application stores all data prior to November 2005 in an MS Access v97 database. The application stores all data after November 2005 in an MS Excel v2003 spreadsheet.

- **MS EXCEL database** – the production database (Data after November 2005): All claim applications arrive at ICJI via mail, fax or hand delivery. An analyst enters violent claim information in one spreadsheet and sex claim information in a second spreadsheet. The spreadsheets have one tab per month and year combination to store arrived claims. Both the spreadsheets are stored on a shared drive maintained by Indiana Office of Technology (IOT). Currently, a version control system is not used to manage concurrent access to the spreadsheets.
- **MS ACCESS database** – the production database (Data before November 2005): All claims applications arrive at ICJI via mail, fax or hand delivery. An analyst enters claim information into the VCC database developed in MS Access 97. The database is hosted on a server maintained by IOT.

### VCC Application Databases Backup procedure

A backup of the MS Excel spreadsheets and the VCC MS Access database is taken every night by IOT. There is no Test or QA version of these databases. There is no disaster recovery plan in place.

### Other Databases

ICJI uses external systems and websites to verify information while processing a claim. Please refer to the *Logical System Flow* section. They include:

- [www.webmd.com](http://www.webmd.com) (Service verification)
- [www.indianamedicaid.com](http://www.indianamedicaid.com) (Service Verification)
- [www.medcosm.com](http://www.medcosm.com) (Service Verification)
- Auditors office (new vendor setup or activating an inactive vendor)
- VINQ (Vendor Inquiry/verification)



## Payment Interface

Due to the existence of multiple systems used to process compensation applications, ICJI has multiple methods for generating payments to victims and service providers. Despite the originating system (VCC database or spreadsheet), all payment information must be recorded on a diskette to be given to the Auditor of State (AOS) for processing of the actual warrant for the victim/service provider. Please refer to the *Claim Approval and Bill Payment status Flow* section for more details.

- **PeopleSoft Interface (Payment to Service Provider):** In the VCC database, the claims analyst changes the status of the bill on a claim to the “Awarded” status when it is ready for payment. The claims analyst uses a unique dummy date to generate a payment batch file of the bills in the “Awarded” status. In the VCC spreadsheets, the claims analyst uses a color coding mechanism to identify the bills ready for payment. The claims analyst copies these entries to separate files (one per vendor) for payment processing.

The claims analyst ensures that the vendor number exists in the VINQ (the AOS vendor master file) before generating a batch. If the vendor does not exist or is inactive, the claims analyst sends appropriate documentation to AOS to setup a new vendor or to activate the inactive vendor.

The claims analyst forwards the payment batch to the accountant. The accountant enters the payment information into the PeopleSoft Accounts Payable (AP) module to generate the audclaim payment disk and paperwork. Note: Payments entered into AP automatically update the General Ledger (GL) in PeopleSoft. After AOS processes the payments (most often sent via direct deposit), the accountant receives the warrant numbers back from AOS. The claims analyst manually enters the warrant numbers on the bill records in VCC and marks the bills as “PAID”.

There is one exception to this process. The VCC database was designed to produce the payment disk that is sent to AOS based upon the payment batch file generated. Upon receipt of the warrant numbers, a manual entry was entered into the PeopleSoft GL to record the payment. Recently, though, AOS has been unable to read the disks, so the accountant must now hand-key the payment information from the VCC database into PeopleSoft AP to create the disk, but the manual entry to the GL is no longer needed for these payments.

- **High Volume Interface (Payment to Victim):** The claims analyst uses the same process as previously described to generate the payments from the VCC (database and spreadsheet) for victims. However, victims are not set up as vendors in the VINQ, so the claims analyst does not have to verify vendor information. These payments are termed “high volume” or “one-time payments” and do not go through PeopleSoft. Instead, after receiving the payment batch from the claims analyst, the accountant enters the payment information into the High Volume diskette program to produce the payment disk that goes to AOS. The process of receiving and recording the warrant numbers is the same. Because these payments were not entered into PeopleSoft AP, a manual entry is created in the GL module to record the payment.

## End-User Interaction

The Victims’ Compensation Claims Management Payment System is a 2-tier application – one tier consists of user interface and application logic, and another tier consists of a database. In order to run the VCC application, the users need to have the VCC application installed on their machines. A user has to log into the application using the assigned username and password. Once the user starts the VCC application, they are presented with the module choices based on their user role in the system. The available module choices are – Claim Processing, Restitution Tracking, Payment Tracking, Entities, Utilities, Fund Maintenance, Reports and Data Archiving.

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## Technical Assessment

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The Victims' Compensation Claims Management Payment System was evaluated across the following categories:

**1. Platform**

Review of the hardware and software components which enable the software application to run, including the scalability and reliability of the VCC system and current disaster recovery plans.

**2. Extendibility**

Review of the flexibility and extendibility of the VCC application, including how easy it is to add business functionality to the software application.

**3. Data Model**

Review of the compliance of the data model to best practices, and analysis of the data model for referential integrity and consistency across the system.

**4. Data Quality**

Review of the quality, accuracy and completeness of the data, including a review of any stale or incorrect data in the tables.

**5. Usability**

Review of the ease of use of the system for the business users, including consistency, manageability and performance of the VCC system

**6. Support of Business Functions**

Review of how well the application supports the business needs of its users and the overall desired business process.

**7. Security**

Review of the authentication and authorization mechanisms in place to support the VCC system. Authentication is the ability to confirm the user is a valid user whereas authorization is the ability to grant specific access rights within the system to users.

## 1. Platform

ID	Issue
1	<p><b>The application is developed in an older version of MS Access that is no longer supported by the vendor.</b></p> <ul style="list-style-type: none"> <li>It is not advisable to run critical applications on a non-supported platform. In order to continue using the system and add features to it, upgrading to a newer platform such as MS Access 2003 or MS Access 2007 is recommended.</li> <li>Upgrading the application to the latest version of MS Access may be time-consuming and difficult considering the fact that the application was developed on a version that is 10 years old.</li> </ul>
2	<p><b>It is necessary to recompile all modules in the Microsoft Access 97 before converting the database to the new version.</b></p> <p>NOTE: In Microsoft Access terminology, the application is divided into two databases (MDBs – MS Access file extension) – front-end database and back-end database. The front-end database contains components such as user interface, business logic, queries and report components. These components are written in the Visual Basic language. The back-end database contains data objects such as database tables.</p> <ul style="list-style-type: none"> <li>In the front-end database, MS Access has lost track of Visual Basic (VB) code and throws conversion errors when opened with newer versions of MS Access. This normally occurs due to missing references or compiler errors in the code. All the modules in the database should be recompiled in the Microsoft Access 97 to eliminate any pre-existing compiler errors. This step should help to resolve conversion errors due to reasons such as existing references to older version of external libraries (libraries other than the default references to visual basic, Access Object Library, and ADO or DAO), old ActiveX controls, usage of objects from DAO 2.5/3.5 compatibility library, usage of reserved words not supported in newer versions and many other reasons.</li> <li>The back-end database has no issues with opening or converting in MS Access 2003 version.</li> </ul>
3	<p><b>Inconsistent methods are being used to store the claims received after November 2005.</b></p> <ul style="list-style-type: none"> <li>MS Excel 2003 is being used to store the claims. The violent claims are stored in one spreadsheet and the sex claims are stored in another spreadsheet. Both the spreadsheets have different column layouts to store the information because new columns are added as needed to capture information. Refer to VCC Data Model section for more details.</li> <li>This model does not allow flexibility to track detailed level of information. It is a time consuming task to search any information or prepare reports.</li> <li>The spreadsheet model does not allow multiple users to work in and update the information simultaneously.</li> </ul>
4	<p><b>The application is required to be installed on user's machine before it can be used. If the application is updated, the update needs to be installed on every user's machine.</b></p> <ul style="list-style-type: none"> <li>The application is available in an executable (msi) format. This executable can be used to install the application on user's machine. It is not necessary to have MS Access 97 installed on user's machine as the executable contains MS Access 97 runtime platform.</li> </ul>
5	<p><b>A source control system is not in use.</b></p> <ul style="list-style-type: none"> <li>The current production code is stored on a shared drive. There is no history relating to previous changes. The code may have been modified after being deployed in the production environment. The code may have been modified accidentally. Thus there is a risk that the current code does not match the one installed in the production environment. When the code is stored and labeled in a source control system, it reduces this kind of risk.</li> </ul> <p>NOTE: Source control allows multiple developers to work on a project; and provides an audit of what code was changed and by whom. When code is deployed to production it can be labeled to know exactly what code is in production.</p>

ID	Issue
6	<b>The VCC application may need more memory (RAM) to perform better.</b> <ul style="list-style-type: none"> <li>The VCC application is installed on the machines with 512 MB memory. Better application response was noticed when the application was installed on machines with 2 GB memory (RAM).</li> </ul>
7	<b>The application performance may degrade as number of users increase on the system.</b> <ul style="list-style-type: none"> <li>The application performance may degrade as each client requires its own connection to database and each connection requires CPU and memory. As the number of connections increases, the database performance degrades.</li> </ul>
8	<b>MS Access 97 database file can not be larger than 2 GB in size as per the vendor specification.</b> <ul style="list-style-type: none"> <li>Currently the database file size is 182 MB. If the file size starts approaching the limit of 2 GB, database architecture changes would be required.</li> </ul>
9	<b>Problems occur when using the “Send Letter” function to open a document in MS word and the application becomes non-responsive.</b> <ul style="list-style-type: none"> <li>This issue may be occurring as the application is running on an older version of MS office and the application users are using MS office 2003. The letters in standard format are stored on the agency’s shared drive. As a workaround to the problem, users access the drive as necessary to send required follow-up letter(s). They make note in the application and thus track the follow-ups manually.</li> </ul>
10	<b>No disaster recovery plans are in place.</b> <ul style="list-style-type: none"> <li>Disaster recovery plans do not currently exist for any portion of the VCC system.</li> </ul>
11	<b>Information is stored in multiple different places and formats. Information consolidation would be a challenge.</b> <ul style="list-style-type: none"> <li>There is no master source to track all the compensation claims. Data is stored in two different places in different formats (Access and Excel).</li> <li>Two data conversion efforts would be required to centralize the data.</li> </ul>
12	<b>Currently the application is not supported or maintained.</b> <ul style="list-style-type: none"> <li>The application is not supported by Indiana Office of Technology (IOT) or Indiana Criminal Justice Institute (ICJI). Regular application and database maintenance tasks such as compacting a database, changing sequence of fields, applying indexes, applying latest software patches help maintain the health of any system.</li> </ul>

## 2. Extendability

ID	Issue
1	<b>No exposed application programming interfaces (API) exist for integrations.</b> <ul style="list-style-type: none"> <li>The VCC application does not have any API’s exposed for integration to other systems. NOTE: An Application programming interface (API) is a feature that allows external systems to communicate with the current system without knowing internal working logic of the current system.</li> <li>The current integration with the payment system in PeopleSoft is performed through manual data entry, which is time consuming, prone to human error and can cause data discrepancies between the systems.</li> </ul>



ID	Issue
2	<p><b>The system modules are highly coupled. The MS Access Code does not separate the user interface, business logic and database access.</b></p> <ul style="list-style-type: none"> <li>There is no business layer between the user interface (UI) and the data layer. The user interface directly interacts with the database. For example, if minor modifications are made to the look and feel of the UI, all the code within the UI component will need to be retested.</li> </ul>
3	<p><b>The VCC application is written in a non-object oriented programming language.</b></p> <ul style="list-style-type: none"> <li>The VCC application is written in Visual Basic which is a non-object oriented language. A non-object oriented language has certain limitations with regards to code structure, maintainability and extendibility. It will be more difficult to extend the functionality of the VCC application due to the MS Access 97 development platform.</li> </ul> <p>NOTE: Non-object oriented languages have identical code that is replicated in multiple places. This makes it more time consuming to test, maintain and extend the code. Every portion of the duplicated code has to be tested separately. When updates are made to the code, changes need to be made to every portion of the code and then each piece of the code needs to be retested.</p>

### 3. Data Model

ID	Issue
1	<p><b>Inconsistent designs for the data model across modules.</b></p> <ul style="list-style-type: none"> <li>There are inconsistent designs for the data model across modules. The consistency in design helps in better maintainable system. For example, the database keeps all city names in the city table. However, most of the tables store city names instead of using reference to the city table. Also, the table tblCompany stores federal ID twice. Refer to <i>VCC Data Model</i> section for more details and examples.</li> </ul>
2	<p><b>Referential integrity between coupled tables is not maintained which is very important to ensure data quality.</b></p> <ul style="list-style-type: none"> <li>There are tables where the referential integrity is not maintained. For example: tblFinancialVerification, tblPerson</li> </ul> <p>NOTE: Referential integrity is a database constraint that ensures that references between data are indeed valid and intact.</p>
3	<p><b>Unused fields exist in tables.</b></p> <ul style="list-style-type: none"> <li>The VCC system contains fields/columns in tables that are not being used, which makes it confusing to understand the table structure and field usage. Example: tblAction has unused columns: DateDue, DateDone, DateScheduled, ActionDate, ActionNote.</li> <li>Any unused fields should be removed from the Data Model.</li> </ul>
4	<p><b>Temporary data conversion tables exist in the Production database.</b></p> <ul style="list-style-type: none"> <li>There are multiple temporary data conversion tables present in the database. These conversion tables appear to serve no purpose in the data model and they are confusing. For example: BadLastNames, CompanyType4IsB4_Cleanup, Restore_DatePaymentSched</li> </ul>
5	<p><b>Numerous tables are not being used in Production database.</b></p> <ul style="list-style-type: none"> <li>There are numerous tables that are not being used in the database. If they do not support the business functions and application, they should be removed. For example: tblCounters, tblCountyName, tblCrimeTypeLU_New, tblDataListMember, tblMasterProcessCheckList_Old, tblPayments.</li> </ul>

#### 4. Data Quality

ID	Issue
1	<p><b>The application allows entering information without appropriate validations.</b></p> <ul style="list-style-type: none"> <li>The application allows entering duplicate vendor entries in the system. The agency has approximately 1000 vendors. The database maintains approximately 3500 vendor entries as the application allows entering duplicate entries in the system. A claims analyst has to perform extra steps to ensure successful payment processing in PeopleSoft and by AOS.</li> <li>The database contains victim's age as zero or empty for many entries. This kind of entry results in an invalid number such as negative on reports.</li> </ul>
2	<p><b>Manual data entry steps in the system compromise data quality. The integration between the application and payment interface in PeopleSoft is manual.</b></p> <ul style="list-style-type: none"> <li>A claims analyst performs vendor verification steps, creates a payment batch using the application, and provides the payment information to the accountant. The accountant enters the payment information manually in PeopleSoft AP. When payment is made, the warrant numbers are entered manually in the VCC system. The manual steps are time consuming and invite data entry errors.</li> <li>A claims analyst generates payment batch manually with the spreadsheet model to track the applications.</li> </ul>

#### 5. Usability

ID	Issue
1	<p><b>Difficult for users to use the existing reports.</b></p> <ul style="list-style-type: none"> <li>The application contains approximately 40 reports and can be filtered via date range parameters. The names of the reports are not intuitive and a user has to browse through many to find necessary information.</li> <li>Users have to run many reports and merge the results manually to find useful information. Date range is the only search criteria available to filter the reports. See <i>VCC Reports</i> section for details on VCC generated reports and the ones used by the users.</li> </ul>
2	<p><b>Performance is slow in a few places within the VCC system.</b></p> <ul style="list-style-type: none"> <li>The VCC application is slow when running several specific reports. Some queries are not written efficiently to pull data from the database. The database table joins could be written differently to generate efficient queries.</li> <li>The system becomes unresponsive any time and users have to restart the application. Sometimes users have to restart the machine.</li> </ul>
3	<p><b>The application does not give alerts and/or notifications when items are due in the system.</b></p> <ul style="list-style-type: none"> <li>The users set due dates on the follow-up items for the claims. The system does not give alerts when the due date is passed.</li> <li>A claims analyst changes the status of a claim to a certain state manually. This puts burden on the users to keep track of all claims and manage the compensation applications in a timely manner.</li> </ul>
4	<p><b>The application does not provide automatic routing capability.</b></p> <ul style="list-style-type: none"> <li>The system does not provide capability to forward a claim to one or more approvers. Also, the system is not able to maintain approval history.</li> </ul>

<b>5</b>	<p><b>Payment summary mailed to providers is created manually.</b></p> <ul style="list-style-type: none"> <li>• Payments to service providers are actually sent by AOS (via direct deposit). Because AOS does not produce a detailed payment summary with each payment (the payment may be for 1000 services provided to various victims), a claims analyst prepares the payment details manually by extracting information from spreadsheets in order to be sent to the provider separately. This is very time consuming task.</li> <li>• Many times the payment reaches the provider before the payment summary. ICJI receives many calls asking for details about the payment.</li> </ul>
<b>6</b>	<p><b>The user maintenance functions within VCC are working inconsistently.</b></p> <ul style="list-style-type: none"> <li>• When a new user is created in the system, some modules will not work. The same modules work with the existing users with the same role.</li> <li>• Modifying some system setting parameters throws programming errors.</li> </ul>
<b>7</b>	<p><b>Lack of proper user training and user documentation.</b></p> <ul style="list-style-type: none"> <li>• Detailed user documentation regarding the functionality of the system is limited for the VCC system. It is very important to have documentation available for new and existing users to use the system effectively. If enhancements are required to the system, documentation provides start point to new developers. It is important that documentation be created and/or updated.</li> </ul>
<b>8</b>	<p><b>Compensation claim numbers could be more informative.</b></p> <ul style="list-style-type: none"> <li>• The VCC application gives next available sequential number to a newly entered claim, despite whether its sex or violent. A claims analyst has to go to the system to differentiate between violent or sex fund codes. This issue is resolved with the spreadsheet model. The spreadsheet model uses a better way to assign the claim numbers. The sex claims are numbered with "S" then year then number as in S06-0001, same for violent V06-0001.</li> </ul>

## 6. Support of Business Functions

ID	Issue
<b>1</b>	<p><b>Manual intervention is undesirable and error-prone in critical steps of the process like payment system and fund tracking.</b></p> <ul style="list-style-type: none"> <li>• The payment vouchers are entered manually in the PeopleSoft system. The warrant numbers for successful payments are tracked manually. The returned payments are tracked manually. The available funds are tracked manually. This is quite time consuming and prone to errors.</li> </ul>
<b>2</b>	<p><b>The system does not stop the claims analysts from approving the bills when the total claim amount has reached the maximum of \$15,000.</b></p> <ul style="list-style-type: none"> <li>• The system does not prevent bills from being paid once the \$15,000 maximum is reached. The fix is easy at the system level and has a great impact on the business process.</li> </ul>
<b>3</b>	<p><b>Lack of automatic approval process.</b></p> <ul style="list-style-type: none"> <li>• The application does not provide function to route an application for approval.</li> </ul>
<b>4</b>	<p><b>Lack of approval history.</b></p> <ul style="list-style-type: none"> <li>• The system does not maintain approval history.</li> </ul>
<b>5</b>	<p><b>The application needs a better reporting model to support various reporting needs.</b></p> <ul style="list-style-type: none"> <li>• ICJI needs a better reporting model to support requests from Legislators, social workers, the press, and other external entities. Also, an accurate reporting model is necessary to receive requested Federal grant money. There are numerous requests for additional reports and/or changes to reports that have been identified.</li> </ul>



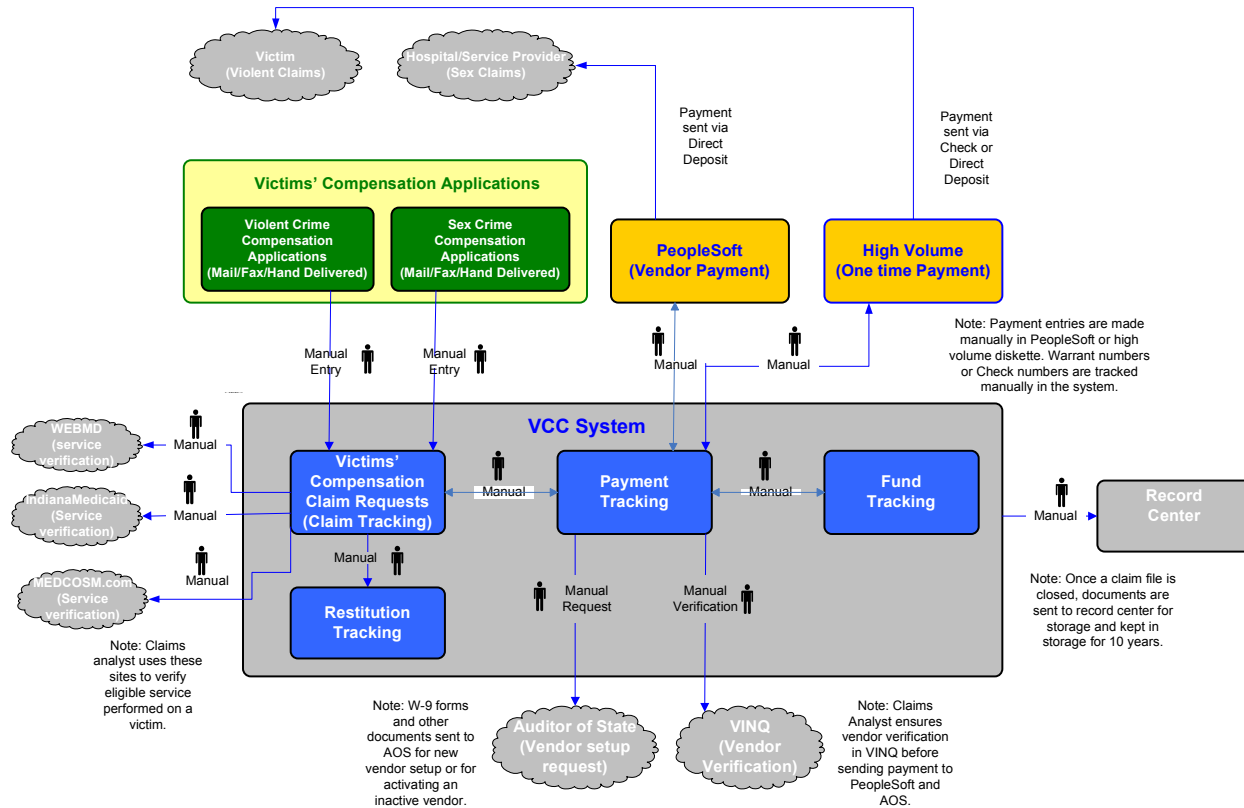
ID	Issue
6	<b>Lacks a way to track the file used to store received information in paper copies.</b> <ul style="list-style-type: none"><li>• Hard copies related to a claim are kept in a file folder. When a claim is closed, the file is sent to a record center for storage. The VCC does not provide functionality to track the file number associated with a claim. This issue is resolved in the spreadsheet model.</li></ul>

## 7. Security

ID	Issue
1	<b>Users playing the same role can have different permissions.</b> <ul style="list-style-type: none"><li>• In the VCC, there are users that have been assigned the same role, but have different permissions assigned to them. It would be more consistent to assign privileges to a role, and then assign the appropriate role(s) to the users based upon what they should have access to do.</li><li>• Also, the application throws an error in some modules when a newly added user with the administrator role logs into the system.</li></ul>

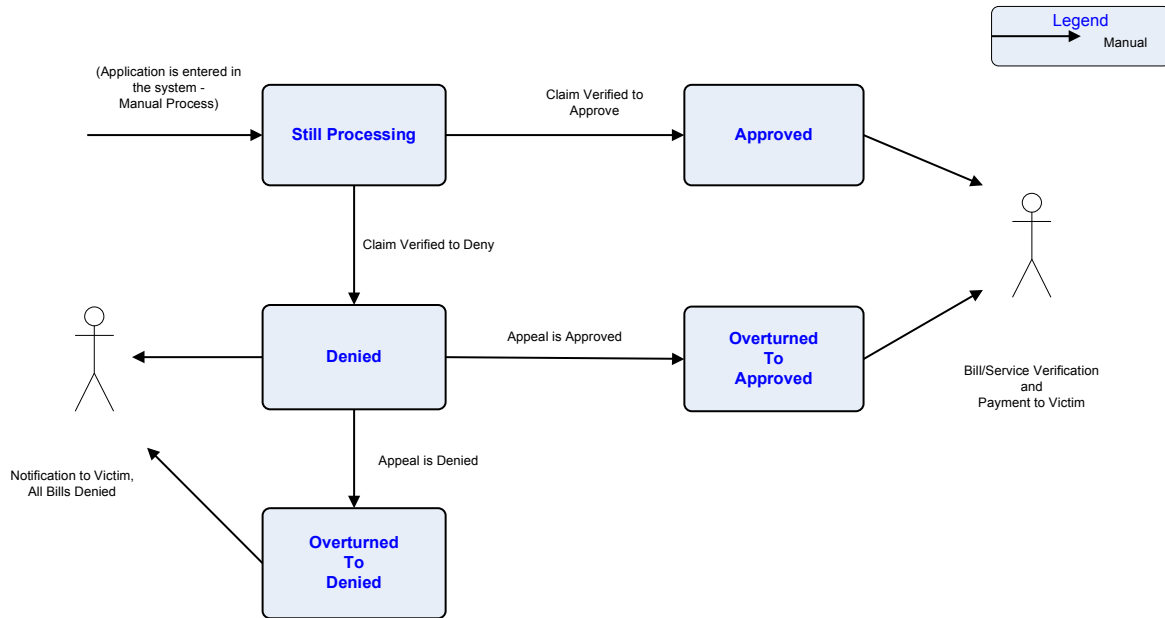
## VCC Logical System Data Flow

### Indiana Criminal Justice Institute Victims' Crime Compensation (VCC) System Flow (DRAFT)

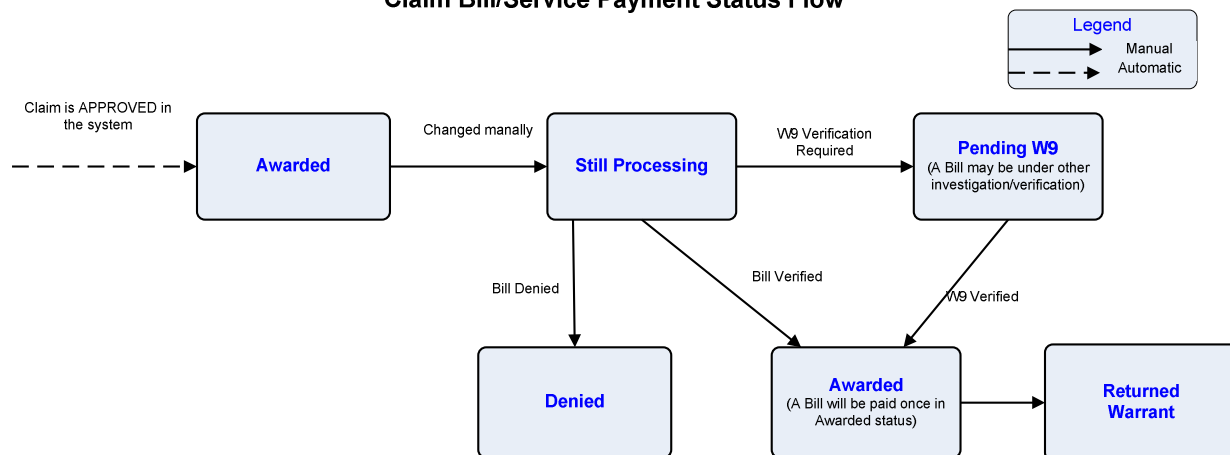


## VCC Claim Approval And Bill Payment Status Flow

### Victims' Compensation Claims Management System (VCC) Claim Status Flow



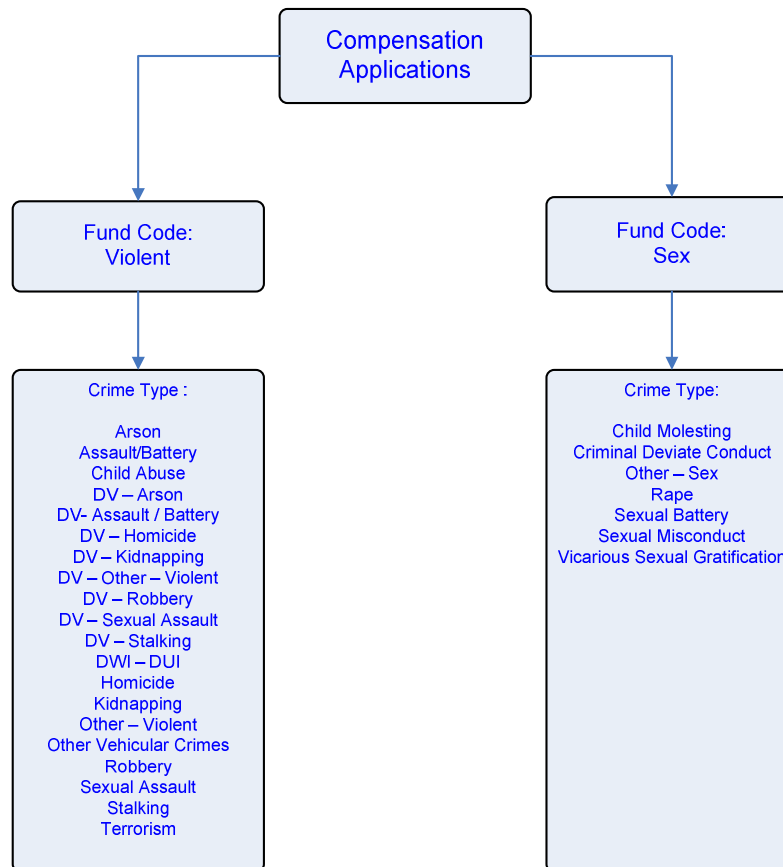
### Victims' Compensation Claims Management System (VCC) Claim Bill/Service Payment Status Flow





## VCC Crime Type Categories

### Victims' Compensation Claims Management System (VCC) Crime Type Classification



## VCC Reports

REPORT	REPORT NAME	CURRENTLY	NOTES
No		USED?	



R-1	# CLAIMS PER MONTH AND YEAR BY FUND CODE	YES	<p>THIS REPORT GIVES # OF VIOLENT CLAIMS, # OF SEX CLAIMS AND TOTAL NUMBER OF CLAIMS BETWEEN TWO DATES.</p> <p>THE REPORT GIVES # OF RELATED CLAIMS – THIS NUMBER IS NOT USED BY THE END USERS.</p>
R-2	# CLAIMS PER ANALYST (WORK LOAD STATISTICS) AND AGING REPORT	YES	<p>THIS REPORT GIVES FOLLOWING STATISTICS FOR THE ANALYSTS IN THE SYSTEM.</p> <p>#OF SERVICES, # OF LOSS OF INCOME, # OF LOSS OF SUPPORT, SERVICES PER CLAIM, TOTAL CLAIMS, DENIED CLAIMS, APPROVED CLAIMS AND PENDING CLAIMS</p>
R-3	CLAIM PROCESSING DATE (BETWEEN START AND DECISION) ANALYSIS	YES	<p>THIS REPORT GIVES FOLLOWING STATISTICS FOR CLAIMS PROCESSED BY ANALYSTS IN THE SYSTEM.</p> <p>ANALYST NAME, FUND CODE, MIN DAYS, MAX DAYS, AVERAGE DAYS, # OF CLAIMS.</p>
R-4	CLAIM \$ PER SERVICE PROVIDER + DETAIL (MONTHLY PROVIDER PAYMENT)	YES	<p>THIS REPORT GIVES FOLLOWING INFORMATION ON CLAIMS BY PROVIDERS.</p> <p>PROVIDER NAME, FEDERAL ID, CLAIM ID, FUND CODE, ANALYST, PATIENT, SERVICE DATE, ACCOUNT NUMBER, SERVICE STATUS, BILL AMOUNT, AWARD AMOUNT, DATE PAID.</p> <p>THIS REPORT CAN BE FILTERED BY ALL PROVIDERS, TAX ID, BY NAME</p>
R-5	CLAIM \$ PER SERVICE PROVIDER + SUMMARY	YES	<p>THIS REPORT PAYMENT SUMMARY BY SERVICE PROVIDERS. THE FOLLOWING INFORMATION IS PROVIDED:</p> <p>FEDERAL ID, PROVIDER NAME, BILL AMOUNT, AWARD AMOUNT, PAID AMOUNT</p>
R-6	AMOUNTS BY SERVICE TYPE	YES	<p>THIS REPORT GIVES PAYMENT AMOUNT BY SERVICE TYPE. THE FOLLOWING INFORMATION IS PROVIDED:</p> <p>SERVICE TYPE, FUND CODE, BILL AMOUNT, INELIGIBLE AMOUNT, OUT OF POCKET PAID, SERVICE AMOUNT PAID</p> <p>THIS REPORT IS USED TO FILL THE FEDERAL GRANT REQUEST FORM.</p>
R-7	GOVERNOR'S REPORT - THE NUMBER OF CLAIMS BY CLAIM STATUS	YES	<p>THIS REPORT GIVES QUICK SNAPSHOT OF # OF CLAIMS AND THEIR STATUSES IN THE SYSTEM.</p>
R-8	# SERVICES BY FUND CODE AND SUBTOTAL EXPENSE	YES	<p>THIS REPORT GIVES PAYMENT AMOUNT IN ADDITION TO INFORMATION PROVIDED BY THE REPORT # R-7.</p>





R-9	CLAIM SUMMARY SHEET	YES	<p>THIS REPORT PROVIDES CLAIM SUMMARY BY USER ENTERED CLAIM NUMBER. INFORMATION PROVIDED: VICTIM NAME, CLAIMANT NAME, RELATIONSHIP, FUND CODE, AGE AT CRIME DATE, FILE DATE, CRIME TYPE, CRIME DATE, ANALYST NAME, CLAIM STATUS, DETERMINATION DATE, SERVICES PROVIDED, AND CRIME.</p> <p>THE INFORMATION PROVIDED ON THIS REPORT IS NOT SUFFICIENT AND THE REPORT SHOULD BE REVISED.</p>
R-10	RESTITUTION REPORT BY FUND CODE	NO	THIS REPORT IS NOT USED.
R-11	OUT OF POCKET	YES	<p>THIS REPORT SHOWS PAYMENT OF OUT OF POCKET AMOUNT PAID ON A CLAIM. THE INFORMATION PROVIDED:</p> <p>PAYEE NAME, PAYEE TYPE, TYPE OF CLAIM, CLAIM NUMBER, CLAIMED AMOUNT, AWARDED AMOUNT, PAID AMOUNT, PAYMENT STATUS.</p>
R-12	LOSS OF SUPPORT	YES	THIS REPORT IS SIMILAR TO R-11 SHOWING NUMBERS FOR LOSS OF SUPPORT REIMBURSEMENT.
R-13	LOSS OF INCOME	YES	THIS REPORT IS SIMILAR TO R-11 SHOWING NUMBERS FOR LOSS OF INCOME REIMBURSEMENT.
R-14	OVERTURNED TO DENIED REPORT	YES	<p>THIS REPORT GIVES OVERTURNED TO DENIED CLAIMS REPORTS.</p> <p>INFORMATION PROVIDED: CLAIM ID, VICTIM NAME, DETERMINATION DATE, DENIED REASON, AWARD AMOUNT, PAID AMOUNT</p> <p>THE USERS ARE NOT ABLE TO SEARCH FOR DENIED CLAIMS BY DENIAL REASON.</p>
R-15	DENIED REPORT	NO	THIS REPORT IS SIMILAR TO R-14. NICE TO HAVE IN THE SYSTEM.
R-16	SERVICE AGING REPORT	YES	INFORMATION PROVIDED: CLAIM ID, VICTIM NAME, FUND CODE, FILE DATE, COMPANY NAME, SERVICE DATE, SERVICE STATUS, DATE SCHEDULED, BILL AMOUNT , AWARDED AMOUNT.
R-17	NO OF CLAIMS BY RESIDENTS	YES	THIS REPORT GIVES # OF FILED AND APPROVED CLAIMS BY COUNTRY, STATE AND CLAIM TYPE.
R-18	NO OF CLAIMS BY AGE	YES	<p>THIS REPORT GIVES # OF FILED AND APPROVED CLAIMS BY AGE AND FUND CODE (SEX/VIOLENCE).</p> <p>IT IS GOOD TO PROVIDE GENDER INFORMATION ON THE REPORT.</p>



R-19	AVERAGE NO. OF WEEKS FROM FILE DATE TO 1ST CHECK MAILED	YES	INFORMATION PROVIDED: FUND CODE, MIN # DAYS, MAX # OF DAYS, AVERAGE # DAYS, AVERAGE WEEKS.
R-20	NO OF CLAIMS BY CRIME TYPE	YES	THIS REPORT PROVIDES # OF CLAIMS BY CRIME TYPE.  THIS REPORT NEEDS # OF CLAIMS BY APPROPRIATE CRIME TYPE CATEGORY AND CRIME TYPE SUBCATEGORY.  THIS REPORT IS USED TO FILL NUMBERS ON FEDERAL GRANT REQUEST REPORT.
R-21	AMOUNT BY SERVICE TYPE	NO	THIS REPORT IS DUPLICATE OF R-21
R-29	CLAIM AGING REPORT (SELECT STATUS)	NO	THIS REPORT IS NOT WORKING IN THE SYSTEM.
R-30	RESTITUTION OVER DUE REPORT	NO	THIS REPORT IS NOT USED.
R-31	CLAIMS REPORT BY COUNTY	YES	THIS REPORT PROVIDES FILED/APPROVED/PAID/DENIED BY COUNTY OF CRIME LOCATION.  THIS REPORT COULD BE MORE USEFUL WITH ADDITION OF CRIME TYPE AND TYPE OF SERVICE FIELDS.
R-32	RESTITUTION BY COUNTY	NO	THIS REPORT IS NOT USED.
R-33	OVERTURNED TO APPROVED REPORT	YES	THIS REPORT IS SIMILAR TO R-14.
R-34	SERVICES IN ADMINISTRATIVE REVIEW	NO	THIS REPORT IS NOT USED.
R-35	TOTAL PAID BY CRIME TYPE	YES	THIS REPORT PROVIDES TOTAL FUNDS PAID BY CRIME TYPE AND BILL TYPE.  THIS REPORT COULD BE MORE USEFUL IF BROKEN BY CATEGORIES IN SECTION IV OF FEDERAL GRANT REQUEST FORM.
R-36	STALE CASES	NO	THIS REPORT IS NOT USED.
R-37	CLAIMS OVER THE CLAIM CAP	YES	THIS REPORT SHOWS CLAIMS GOING OVER THE CAP AMOUNT 15K. INFORMATION PROVIDED:  FUND CODE, CLAIM ID, ANALYST, CRIME DATE, FILE DATE, AWARD AMOUNT.
R-38	ARCHIVE CLAIMS	NO	THIS REPORT IS NOT USED.
R-39	INTENT TO ARCHIVE LETTER MAILED	NO	THIS REPORT IS NOT USED.
R-40	CRIME TYPE CLAIM COUNT SUMMARY	NO	DUPLICATE OF AN EXISTING REPORT.
R-41	AGING CLAIMS	NO	THIS REPORT IS NOT USED.
R-42	CLAIMS ON HOLD	NO	THIS REPORT IS NOT USED.



R-43	VICTIM ASSISTANTS	YES	THIS REPORT GIVES QUICK SNAPSHOT OF CLAIMS BY ANALYST.
R-44	EMERGENCY AWARDS	YES	THIS REPORT KEEPS TRACK OF EMERGENCY AWARD PAID ON THE CLAIMS.  IF A REQUEST WAS DENIED, IT IS NICE TO KNOW THE REASON. FOR EXAMPLE: LANDLORD SENT NOTICE, ELECTRICITY CUT NOTICE, ETC.
R-45	PENDING CLAIMS BY DATE ENTERED	NO	DUPLICATE OF EXISTING REPORT.
R-46	UNPAID SERVICES SCHEDULED FOR PAYMENT	YES	THIS REPORT SHOWS CLAIMS IN AWARDED STATUS AND NOT PAID.
R-47	MAILING LABELS FOR AVERY 5160 - PROVIDER LIST	NO	NOT USED.
R-48	DATA FOR THE FEDERAL REPORT (REQUIRES SOME MANUAL PROCESSING)	NO	NOT USED.

## VCC Data Model

### VCC MS ACCESS 97 Data Model

TABLE NAME	# OF COLUMNS	# OF RECORDS	NOTES
BADLASTNAMES	4	1730	IT APPEARS THAT THE TABLE WAS USED AS A TEMPORARY TABLE WHEN MIGRATING DATA BEFORE YEAR 2000 TO THE VCC DATABASE.
COMPANYTYPE41SB4CLEANUP	17	9528	IT APPEARS THAT THE TABLE WAS USED AS A TEMPORARY TABLE WHEN MIGRATING DATA BEFORE YEAR 2000 TO THE VCC DATABASE.
CONVERSION ERRORS	3	4	THIS IS A TEMPORARY TABLE AND NOT USED.
MSYSCOMPACTERROR	4	4	THIS IS A TEMPORARY TABLE AND NOT USED.
RESTOREDATEPAYMENTSCHED	9	1712	IT APPEARS THAT THIS TABLE IS NOT USED.
S_TBLPAYMENTSTATUSLU	3	7	THIS TABLE STORES POSSIBLE PAYMENT STATUS NAMES IN THE SYSTEM. THEY ARE:  DENIED, PENDING, AWARD, AWARDED, PAID, EMPTY, UNKNOWN.



S_TBLSTATUSNAME	4	9	<p>THIS TABLE STORES POSSIBLE APPLICATION STATUS NAMES (WITH THEIR CODE SHOWN IN BRACKET) IN THE SYSTEM. THEY ARE:</p> <p>EMPTY (08), APPROVED (A), EMPTY (A*), CLOSED (C), DENIED (D), OVERTURNED TO APPROVED (OA), OVERTURNED TO DENIED (OD), PENDING(P)</p>
TBL_MID_WARRANTEditLOG	7	149	<p>WHEN A CLAIMS ANALYST CORRECTS ENTERED WARRANT NUMBER AFTER BEING ENTERED FOR THE FIRST TIME, THE ACTION IS LOGGED IN THIS TABLE.</p>
TBL_VENDORFILE	23	3742	<p>THIS TABLE CONTAINS ALL THE POSSIBLE VENDORS IN THE SYSTEM. ICJI HAS APPROX. 1000 VENDORS. THE TABLE HAS MORE VENDOR ENTRIES BECAUSE THE APPLICATION ALLOWS ENTERING AND STORING DUPLICATE ENTRIES. ALSO, THE TABLE DOES NOT HAVE APPROPRIATE REFERENTIAL INTEGRITY CONSTRAINTS. DATA CLEANUP IS REQUIRED TO MANAGE HEALTH OF THE DATA.</p> <p>ADDRESS DATA IS REPEATED IN OTHER FIELDS OF THE TABLE. SOME FIELDS ARE NOT USED.</p>
TBLACTION	16	19475	<p>THIS TABLE IS USED TO TRACK ACTIONS TAKEN OR REQUIRED TO BE TAKEN PER APPLICATION IN THE SYSTEM. FOR EXAMPLE, POLICE REPORT REQUESTED, OTHER REQUEST, ER REQUEST, BILL REQUEST, ETC.</p> <p>THE TABLE HAS SEVERAL UNUSED FIELDS I.E DATEDUE, DATEDONE, DATESCHEDULED, ACTIONDATE, ACTIONNOTE.</p> <p>SOME FIELDS ARE NOT USED.</p>
TBLACTIONCATEGOYLU	3	6	<p>THIS TABLE IS USED TO ASSIGN ACTION TYPE TO AN APPLICATION. THE ACTION TYPES ARE:</p> <p>DETERMINATION, LETTER, MAKE A CALL, RESPONSE DUE, SEND LETTER, UNKNOWN.</p>
TBLARCHIVINGHISTORY	5		
TBLBATCHTyPLU	2	5	<p>THIS TABLE STORES PAYMENT BATCH TYPES IN THE SYSTEM. THEY ARE:</p> <p>PROVIDER, LOI, LOS, OOP, EMERGENCY</p>
TBLCASE	6	17403	<p>THIS TABLE STORES LAW ENFORCEMENT AGENCY HANDING THE CASE, CASE NUMBER AND DETECTIVE NUMBER ASSOCIATED WITH A CLAIM.</p>



TBLCITYLU	2	2208	THIS TABLE STORES CITY NAMES USED IN THE SYSTEM. THIS TABLE DOES NOT KEEP STATE ASSOCIATED WITH THE CITY. EACH CITY HAS A CITYID ASSOCIATED. THIS CITYID IS NOT USED AS A REFERENCE IN OTHER TABLES IN THE SYSTEM.
TBLCLAIM	38	26345	<p>THIS TABLE STORES INFORMATION RELATED TO A CLAIM/APPLICATION IN THE SYSTEM.</p> <p>IT APPEARS THE SYSTEM ALLOWS ENTERING A CLAIM WITHOUT SOME REQUIRED FIELDS. THIS RESULTS IN EMPTY DATA CELLS. THIS AFFECTS REPORTS GENERATED USING THIS DATA. FOR EXAMPLE, WHEN VICTIM AGE FIELD IS EMPTY, SOME REPORTS TRANSLATE THIS INFORMATION IN A JUNK NUMBER.</p> <p>DATE FIELDS ARE NOT TRACKED CONSISTENTLY. SOME COLUMNS TRACK ONLY DATES AND OTHER COLUMNS TRACK DATE AND TIME.</p> <p>SOME FIELDS ARE NOT USED.</p>
TBLCLAIMANSWER	3	4	<p>THE APPLICATION PROVIDES FUNCTIONALITY CHECKING AND MARKING PREDEFINED ITEMS WHEN APPROVING A CLAIM IN THE SYSTEM. THIS TABLE STORES STATUS OF EACH ACTION. THE POSSIBLE CLAIM ANSWERS ARE:</p> <p>YES, NO, UNKNOWN, WAIVED.</p>
TBLCLAIMANTTYPELU	2	2	<p>THIS TABLE STORES CLAIMANT TYPES. THEY ARE:</p> <p>PERSON, COMPANY</p>
TBLCLAIMCAP	4	4	THIS TABLE KEEPS HISTORY OF THE CLAIM CAP AMOUNT. FOR EXAMPLE, STARTING 7/1/2000 THE CLAIM CAP AMOUNT IS \$15K.
TBLCLAIMCATEGORY	2	1	IT APPEARS THAT THIS TABLE IS NOT USED IN THE APPLICATION.
TBLCLAIMCHECKLIST	5	159128	THE APPLICATION PROVIDES FUNCTIONALITY OF CHECKING AND MARKING PREDEFINED ITEMS WHEN APPROVING A CLAIM IN THE SYSTEM. THIS TABLE STORES ACTION TAKEN ON EACH CHECK LIST ITEM PER CLAIM.
TBLCLAIMCREDIT	2	30	
TBLCLAIMPROCESS	14	568247	THE APPLICATION PROVIDES THE FEATURE TO TRACK STATUS ON CHECKLIST FOR EVERY CLAIM. THIS TABLE KEEPS TRACK OF CHECKLIST ITEMS SUCH AS BILL VERIFICATIONS, REQUEST FOR FEE SCHEDULE, REQUEST W-9, ETC. IT ALSO KEEPS TRACK OF LETTERID SENT, RECIPIENT, RECEIVED DATE, ETC.



TBLCLAIMQUESTION	2	9	<p>THIS TABLE STORES THE ITEMS THAT NEED TO BE VERIFIED WHEN ENTERING A CLAIM INTO THE SYSTEM.</p> <p>EXAMPLES:</p> <p>APPLICATION FILED WITHIN 180 DAYS?</p> <p>CRIME REPORTED WITHIN 48 HOURS?</p>
TBLCOMPANY	17	14892	<p>THIS TABLE STORES COMPANY INFORMATION (I.E NAME, ADDRESS, FEDERAL ID, ETC.) IN THE SYSTEM.</p> <p>THE FIELD FEDERAL ID IS STORED TWICE.</p> <p>THE DATABASE HAS A TABLE CONTAINING CITY INFORMATION. THIS TABLE IS NOT USING REFERENCE TO THE CITY TABLE. INSTEAD ACTUAL CITY NAMES ARE STORED IN THIS TABLE. THIS VIOLATES RELATIONAL DATABASE DESIGN RULES AND CONSISTENCY.</p>
TBLCOMPANYTYPELU	3	12	<p>THIS TABLE STORES POSSIBLE COMPANY TYPES.</p> <p>THEY ARE:</p> <p>CPS, FUNERAL PARLOR, LAW ENFORCEMENT, PERSONAL, PROSECUTOR, PROVIDER, SERVICES, FINANCIAL RESOURCES, OTHER, NOT IN USE, COUNTY OFFICE, VICTIM ASSISTANT</p>
TBLCONTACT	11	227	<p>THIS TABLE STORES CONTACT INFORMATION FOR EACH COMPANY IN THE SYSTEM.</p> <p>THE APPLICATION ALLOWS STORING A CONTACT WITHOUT ANY NAME.</p>
TBLCONTACTJOBTITLE	2	24	<p>THIS TABLE STORES POSSIBLE JOB TITLES OF COMPANY CONTACTS IN THE SYSTEM. EXAMPLES:</p> <p>ADMINISTRATIVE ASSISTANT, ASSISTANT DIRECTOR, BUSINESS REP, ETC.</p>
TBLCONTACTJOBTITLENAME	2	10	<p>THIS TABLE STORES POSSIBLE JOB TITLE NAMES. EXAMPLES: DETECTIVE, SUPERVISOR, VICTIM ADVOCATE, ETC.</p>
TBLCONTACTPHONE	6	201	<p>THIS TABLE STORES PHONE NUMBERS OF ALL COMPANY CONTACTS IN THE SYSTEM.</p>
TBLCOUNTERS	2	1	<p>IT APPEARS THAT THIS TABLE IS NOT USED IN THE SYSTEM.</p>
TBLCOUNTRYNAME	2	11	<p>THIS TABLE STORES POSSIBLE COUNTRIES IN THE SYSTEM. EXAMPLES: USA, CANADA, ENGLAND, ETC.</p>



TBLCOUNTRYLU	10	94	<p>THIS TABLE STORES POSSIBLE COUNTIES IN THE SYSTEM.</p> <p>THIS TABLE IS NOT USING THE CITY MASTER TABLE. INSTEAD CITY NAME IS STORED.</p> <p>THE STATE ASSOCIATED WITH THE COUNTY IS NOT FILLED IN FOR MOST OF THE ENTRIES.</p>
TBLCOUNTYNAME	2	0	IT APPEARS THAT THIS TABLE IS NOT USED IN THE SYSTEM.
TBLCRIME	8	8011	<p>THIS TABLE STORES CRIME RELATED INFORMATION SUCH AS DEFENDANT, PROSECUTOR, COUNTY, CAUSE, DEFENDANT AGE, ETC.</p> <p>THE DEFENDANT AGE FIELD IS POPULATED AS 0 ON LOTS OF THE RECORDS. THIS MAY CAUSE INVALID DATA DISPLAY ON REPORTS.</p>
TBLCRIMETYPELU	4	27	THIS TABLE STORES CRIME TYPE PER FUND CODE (I.E VIOLENT AND SEX)
TBLCRIMETYPELU_NEW	4	112	THIS TABLE STORES CRIME TYPES BUT DOES NOT HAVE A FUND CODE ASSOCIATED. IT APPEARS THAT THESE CRIME TYPES ARE NOT USED IN THE SYSTEM.
TBLDATAListMEMBER	3	51	THIS TABLE STORES ALL STATE ABBREVIATIONS (I.E IL, IN, ETC). IT APPEARS THAT THIS TABLE IS NOT USED IN THE SYSTEM.
TBLDENIALREASONLU	3	19	<p>THIS TABLE STORES POSSIBLE DENIAL REASONS IN THE SYSTEM. EXAMPLES:</p> <p>CONTRIBUTORY MISCONDUCT, CORRECTIONAL FACILITY INMATE, DID NOT FILE CLAIM WITHIN 180 DAYS, ETC.</p>
TBLDENIED	4	3125	THIS TABLE STORES DENIAL REASON ASSOCIATED WITH EACH DENIED CLAIM IN THE SYSTEM.
TBLDEPARTMENTNAME	2	29	THIS TABLE STORES ALL POSSIBLE DEPARTMENT NAMES IN THE SYSTEM. FOR EXAMPLE: ACCOUNTING, ADMISSION, BILLING, VIOLENT CLAIM, ETC.
TBLEMPLOYEE	7	71	THIS TABLE STORES ALL EMPLOYEES OF ICJI.
TBLEMPLOYEEPHONE	6	22	THIS TABLE STORES PHONE NUMBERS OF ICJI EMPLOYEES.
TBLFINANCIALVERIFICATION	10	37598	<p>THIS TABLE KEEPS TRACK OF CLAIM AMOUNT ALREADY PAID BY OTHER SOURCES I.E INSURANCE, MEDICAID, MEDICARE, TRUST FUNDS, ETC.</p> <p>FOREIGN KEY RELATIONSHIP WITH OTHER TABLES IS NOT USED APPROPRIATELY. LOSSOFINCOMEId, COMPANYID FIELDS ARE CAPTURED AS 0.</p>



TBLFUND	8	21	THIS TABLE KEEPS TRACK OF FUNDS AVAILABLE IN THE SYSTEM.  THE ACCNUM FIELD IS NOT USED.
TBLFUNDCODELU	3	2	THIS TABLE STORES FUND CODES IN THE SYSTEM. THEY ARE ; VIOLENT, SEX
TBLFUNDTRACKING	21	14939	THIS APPLICATION KEEPS TRACK OF FUNDS MANUALLY WHEN PAYMENT IS MADE TO VICTIM OR PAYMENT IS RETURNED BACK FROM A VICTIM. THESE MANUAL TRANSACTIONS ARE LOGGED INTO THIS TABLE.
TBLINITIALLETTERS	5	0	IT APPEARS THAT THIS TABLE IS NOT USED.
TBLJOBTITLELU	2	4	THIS TABLE KEEPS TRACK OF JOB TITLES IN THE SYSTEM. EXAMPLES: CJI PROGRAM DIRECTOR, CLAIMS ANALYST
TBLJOURNALS	9	1	IT APPEARS THAT THIS TABLE IS NOT USED.
TBLLOSSOFINCOME	19	849	THE APPLICATION KEEPS TRACK OF LOSS OF INCOME BY STORING EMPLOYMENT INFORMATION LIKE COMPANY ID, PERIOD, HOURLY RATE, ETC.  THIS TABLE KEEPS TRACK OF EMPLOYMENT RELATED INFORMATION AND AMOUNT PAID TO COVER THE LOSS OF INCOME.
TBLLOSSOFINCOMESTATUS	2	4	THIS TABLE KEEPS TRACK OF LOSS OF INCOME PAYMENT STATUS. THEY ARE:  PENDING, AWARDED, DENIED, EMERGENCY AWARD
TBLLOSSOFSUPPORT	18	214	THIS TABLE KEEPS TRACK OF PAYMENT STATUS ON A CLAIM DUE TO LOSS OF SUPPORT.
TBLLOSSTATUSLU	2	3	THIS TABLE KEEPS TRACK OF PAYMENT STATUS ON A CLAIM DUE TO LOSS OF SUPPORT. THE EXAMPLES ARE: PENDING, AWARDED, DENIED
TBLMANAGELOOKUPTABLE	4	19	IT APPEARS THAT THIS TABLE IS USED FOR PROGRAMMING ONLY.
TBLMASTERPROCESSCHECKLIST	10	57	THIS TABLE STORES MASTER PROCESS CHECKLIST USED WHEN APPROVING A CLAIM.  EXAMPLES: CREATE PAPER FILE, RETURN TO WORK, REQUEST FOR DEATH CERTIFICATE, REQUEST FOR POLICE REPORT, ETC.
TBLMASTERPROCESSCHECKLIST_OLD	5	20	IT APPEARS THAT THIS TABLE IS NOT USED.





TBLMPLETTERS	8	39	THIS TABLE KEEPS TRACK OF POSSIBLE LETTER TYPES IN THE SYSTEM. I.E SC-1, SC-2, ETC.
TBLOUTOFPOCKET	16	4048	THIS TABLE STORES OUT OF POCKET AMOUNT PAID ON SERVICE(S) OF CLAIMS.  IT APPEARS THAT SOME FIELDS ARE NOT POPULATED CONSISTENTLY. MANY RECORDS CONTAIN BATCH ID AND WARRANT NUMBER BUT AWARD DATE IS NOT POPULATED.  IT APPEARS THAT THE PAYMENT AMOUNT IS STORED TWICE IN TWO FIELDS – AMOUNT AND PAYMENTAMOUNT
TBLOUTOFPOCKETSTATUSLU	2	3	THIS TABLE KEEPS TRACK OF OUT OF POCKET PAYMENT STATUS ON A CLAIM. THE EXAMPLES ARE: PENDING, AWARDED, DENIED
TBLPAYEELU	2	3	THIS TABLE STORES POSSIBLE PAYEE TYPES IN THE SYSTEM. THEY ARE:  VICTIM, CLAIMANT, OTHER
TBLPAYMENTBATCHES	14	514	THE APPLICATION CREATES BATCHES FOR PAYMENT PROCESSING. THIS TABLE KEEPS TRACK OF ALL BATCHES CREATED IN THE SYSTEM WITH TOTAL PAYMENT AMOUNT AND PAYMENT STATUS.
TBLPAYMENTS	9	0	IT APPEARS THAT THIS TABLE IS NOT USED IN THE SYSTEM.
TBLPAYMENTSTATUSLU	4	7	THIS TABLE STORES POSSIBLE STATUS OF BILL PROCESSING. THEY ARE:  DENIED, STILL PROCESSING, PENDING – W9, PENDING – BILL VERIFICATION, AWARDED, UNKNOWN, RETURNED WARRANT
TBLPERSON	33	87288	THIS TABLE IS USED TO IDENTIFY A PERSON IN THE SYSTEM. A PERSON PLAYS MANY ROLES – I.E POLICE OFFICER, VICTIM, CLAIMANT, ETC.  IT APPEARS THAT MANY FIELDS ARE NOT USED. I.E OLD CRIME ID, ORIGINAL ID, CONTRACT ID, NATIONALITY, NICK NAME AND MARITAL STATUS.  THE CITY NAME IS STORED INSTEAD OF USING REFERENCE FROM THE CITY TABLE.  THE EMPLOYMENT AND INSURANCE FIELDS ARE NOT FILLED IN CONSISTENTLY FOR ALL THE RECORDS.  THE PERSONTYPE ID, PREFIX ID, COUNTRY ID, COUNTY ID AND REGION ID ARE REFERENCES TO OTHER EXISTING TABLES. THESE FIELDS CONTAIN INVALID VALUE 0. IF PROPER RELATIONSHIP IS SET, THESE FIELDS WOULD BE NULL OR NON-NULL.



TBLPERSONPHONE	6	25901	<p>THIS TABLE STORES PHONE NUMBERS ASSOCIATED WITH EACH PERSON IN THE SYSTEM.</p> <p>THE PHONETYPEID IS 0 FOR MANY RECORDS. IF PROPER RELATIONSHIP IS SET, THESE FIELDS WOULD BE NULL OR NON-NULL.</p> <p>MANY RECORDS EXIST WITHOUT A PHONE NUMBER.</p>
TBLPHONETYPENAME	2	8	<p>THIS TABLE STORES POSSIBLE PHONE TYPES IN THE SYSTEM. THEY ARE:</p> <p>BUSINESS, CAR, HOME, MOBILE, OTHER, PAGER, FAX, UNKNOWN</p>
TBLPREFIXID	2	1	<p>IT APPEARS THAT THIS TABLE IS NOT USED IN THE SYSTEM.</p>
TBLPROCESSACTIONKEYLU	2	3	<p>THIS TABLE STORES POSSIBLE ACTIONS FOR A PROCESS. THEY ARE:</p> <p>FILE DATE, DETERMINATION, BILL RECEIPT</p>
TBLPROCESSRECIPIENTLU	2	6	<p>THIS TABLE STORES POSSIBLE PROCESS RECIPIENTS IN THE SYSTEM. THEY ARE:</p> <p>PROVIDER, VICTIM, CLAIMANT, PROSECUTOR, POLICE, COUNTY CLERK</p>
TBLPROCESSSTATUSNAME	2	2	<p>THIS TABLE STORES POSSIBLE PROCESS STATUSES IN THE SYSTEM. THEY ARE: ACTIVE, COMPLETE</p>
TBLPROCESSTYPELU	2	2	<p>THIS TABLE STORES POSSIBLE PROCESS TYPES IN THE SYSTEM. THEY ARE: PROCESS, LETTER</p>
TBLRACELU	3	6	<p>THIS TABLE STORES RACE VALUES IN THE SYSTEM. THEY ARE:</p> <p>AFRICAN AMERICAN, ASIAN, CAUCASIAN, HISPANIC, INDIAN, OTHER</p>
TBLREGIONNAME	2	6	<p>THIS TABLE STORES REGIONS OF THE UNITED STATES IN THE SYSTEM.</p> <p>THEY ARE:</p> <p>EAST CENTRAL, NORTH EAST, NORTH WEST, SOUTH EAST, SOUTH WEST, WEST CENTRAL</p>
TBLRELATIONSHIPLU	2	8	<p>THIS TABLE STORES RELATIONSHIP VALUES. THEY ARE:</p> <p>LEGAL GUARDIAN, PARENT, SIBLING, SPOUSE, SELF, CHILD, OTHER, LEGAL DEPENDENT</p>



TBLREPORTS	5	41	THIS TABLE KEEPS NAME OF POSSIBLE OF REPORTS THAT BE CREATED IN THE SYSTEM.
TBLRESOURCEYPELU	2	11	THIS TABLE IS USED BY FINANCIAL VERIFICATION TABLE TO KEEP TRACK OF MONEY PAID BY A RESOURCE TYPE.  POSSIBLE RESOURCE TYPES ARE:  VICTIM'S INSURANCE, OFFENDER'S INSURANCE, WORKER'S COMPENSATION, MEDICARE, MEDICAID, HEALTH CARE FOR THE INDIGENT, COUNTY TRUSTEE FUNDS, SOCIAL SECURITY, EMPLOYER DISABILITY BENEFITS, OTHER.
TBLRESTITUTIONORDER	12	248	IT APPEARS THAT MANY FIELDS ARE NOT USED. SOME FIELDS CONTAINING REFERENCE TO OTHER FIELDS ARE SET AS ZERO DUE TO IMPROPER RELATIONSHIP SETUP.
TBLRESTITUTIONPAYMENT	8	509	THIS TABLE KEEPS TRACK OF RESTITUTION PAYMENT INFORMATION.  THE ENTERED BY FIELD IS NOT USED.  IT APPEARS THAT THERE ARE MINOR ISSUES WITH RELATIONSHIP SETUP OF THE FIELDS RESTITUTION ID AND FUND TRACKING ID.
TBLRESTITUTIONSTATUSLU	2	4	POSSIBLE PAYMENT STATUSES ARE:  OPEN, PAID IN FULL, LATE, UNCOLLECTABLE
TBLSECAPPLICATIONS			IT APPEARS THAT THIS TABLE IS NOT USED.
TBLSECAPPLICATIONUSERS	11	42	THIS TABLE STORES APPLICATION USERS AND THEIR PASSWORDS.
TBLSECRIGHTTYPES	4	5	THE POSSIBLE RIGHTS ARE:  READ, WRITE, INSERT, DELETE, ADMIN
TBLSECURITYOBJECTS	4	24	THIS TABLE STORES POSSIBLE MENU ITEMS AVAILABLE IN THE SYSTEM. EXAMPLES:  CLAIM PROCESSING, RESTITUTION TRACKING, PAYMENT TRACKING, ENTITIES, UTILITIES, ETC.
TBLSECUSERGROUPS	2	71	THIS TABLE KEEPS TRACK OF USER'S ACCESS TO AVAILABLE MENU ITEMS.
TBLSECUSERRIGHTS	4	65	THIS TABLE KEEPS TRACK OF USER'S ACCESS RIGHTS TO AVAILABLE MENU ITEMS.



TBLSERVICE	25	42848	THIS TABLE STORES SERVICES PROVIDED FOR THE CLAIMS IN THE SYSTEM, SERVICE AMOUNT AND THE PAYMENT STATUS.  THE INVOICE # FIELD IS NOT USED.
TBLSERVICETYPELU	3	9	THE POSSIBLE SERVICE TYPES ARE:  ATTORNEY, CHILD CARE, DENTAL, FUNERAL/BURIAL, MEDICAL, COUNSELING, OTHER, EMERGENCY SHELTER CARE, LOSS OF SUPPORT
TBLSTATENAME	2	65	THIS TABLE STORES NAMES OF STATES IN THE UNITED STATES AND CANADA.  INFORMATION IN THIS TABLE IS ALREADY AVAILABLE IN THE TABLE TBLDATALISTMEMBER.
TBLSTATUSNAME	4	6	INFORMATION IN THIS TABLE IS ALREADY AVAILABLE IN THE S_TBLSTATUSNAME TABLE.
TBLSUFFIXNAME	2	6	AVAILABLE VALUES:  II, III, IV, JR. SR., UNKNOWN
TBLSYSTEMSETTINGS	6	35	THIS TABLE STORES SYSTEM WIDE SETTING PARAMETERS.
TBLTITLENAME	2	5	POSSIBLE TITLE NAMES ARE:  MISS, MR., MS., MRS., UNKNOWN
TBLTRANSACTIONLU	3	15	POSSIBLE TRANSACTION NAMES ARE:  SERVICE BATCH, LOI BATCH, LOS BATCH, REFUND, RESTITUTION, ADMINISTRATION, FUND SUBTRACT, CIVIL CASE, CONTRIBUTIONS, GRANT, FUND ADD, EMERGENCY, DEPT OF CORRECTIONS, RETURNED WARRANT
TBLVERIFICATIONSTATUSLU	2	7	POSSIBLE VERIFICATION STATUSES: NOT CONTACTED PENDING SOURCE REVIEW VERIFIED, DECLINED PAYMENT VERIFIED, PAYMENT MADE PENDING SERVICE PROVIDER VERIFIED, SERVICE PROVIDER COLLECTED NOT APPLICABLE
TBLYESORNO	1	2	VALUES : Y, N
TBLZIPCODE			IT APPEARS THAT THIS TABLE IS NOT USED.



## VCC Violent Crime Tracking Spreadsheet Model

As of August 15 - 2007, the spreadsheet with violent claims contains approximately 1575 entries.

COLUMN NAME
FILE NUMBER
CLOSED BOX NUMBER
ANALYST
DATE FILED
VICTIM
CLAIMANT
SOCIAL SECURITY NUMBER
DOB
GENDER
AGE
VICTIM'S RACE/ETHNICITY
DATE OF CRIME
ALLEGED CRIME
COUNTY WHERE ALLEGED CRIME OCCURRED
DOS
SERVICE PROVIDER
TAX I.D.
ACCOUNT #
BILL AMOUNT
AMOUNT DENIED
AWARD AMOUNT
FUNERAL EXPENSES
OUT OF POCKET
INITIAL ELIGIBILITY



COLUMN NAME
PACKET SENT
PACKET RETURNED
POLICE REPORT REQUESTED
POLICE REPORT RECEIVED
PROSECUTION INFO REQUESTED
PROSECUTION INFO RECEIVED
DENIED
APPROVED
NOTES

### **VCC Sex Crime Tracking Spreadsheet Model**

As of August 15 - 2007, the spreadsheet with sex claims contains approximately 5300.

COLUMN NAME
FILE NUMBER
DATE RECEIVED
COUNTY WHERE ALLEGED CRIME OCCURRED
VICTIM'S NAME (LAST, FIRST, MIDDLE)
SOCIAL SECURITY NUMBER
DOB
MALE=1 FEMALE=2 GENDER
AGE
VICTIM'S RACE/ETHNICITY
DATE OF CRIME
ALLEGED CRIME
CLAIMANT NAME (LAST, FIRST)
SERVICE PROVIDER
TAX ID

COLUMN NAME
DOS
ACCOUNT #
BILL AMOUNT
AMOUNT DENIED
REASON DENIED
TOTAL AWARDED
DATE PAID